

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41376

1. Entity Name

INTEGRATED TEXT AND GRAPHICS SOLUTIONS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90005 016 ***150.00

Principal Place of Business

Mailing Address

2736-B E FOWLER AVE.
TAMPA FL 33612

2736-B E FOWLER AVE.
TAMPA FL 33612-6275

2. Principal Place of Business

2676 E Fowler Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number 59-2736093

Applied For

Not Applicable

Zip

33612

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, MICHAEL H.
2736-B E FOWLER AVE.
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

2676 E. Fowler Ave

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Michael Kahan

MICHAEL KAHN, PRES

4/4/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME KAHN, MICHAEL H.
STREET ADDRESS 16321 HEATHROW DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SCHUSTER, HARRY J.
STREET ADDRESS 5100 BURCHETTE RD #1504
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16013 WYNDOVER ROAD
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Kahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)