

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90093 001 ***150.00

DOCUMENT # J42157

1. Entity Name
TELSTAR GRAPHICS, INC.



Principal Place of Business

**3051 44TH AVE N
SAINT PETERSBURG FL 33714-0805
US**

Mailing Address

**3051 44TH AVE N
SAINT PETERSBURG FL 33714-0805
US**

2. Principal Place of Business

2401 72ND ST. N

Suite, Apt. #, etc.

3. Mailing Address

2401 72ND ST. N

Suite, Apt. #, etc.

City & State

ST. PETE, FL

Zip

Country

US

City & State

ST. PETE, FL

Zip

33710

Country

US

4. FEI Number

59-2741276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINTAK, PAUL

3884 39TH ST S

ST. PETERBURG FL 33711

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FINTAK, PAUL**
STREET ADDRESS **3884-39TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DST** ☐ Delete
NAME **FINTAK, CAROL**
STREET ADDRESS **3884-39TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VP** ☐ Delete
NAME **FINTAK MICHAEL**
STREET ADDRESS **4041 39TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **VP** ☐ Delete
NAME **FINTAK GREGORY**
STREET ADDRESS **1726 BRADSHAW LANE**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)