

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27266

1. Entity Name
E & S PRINTING OF TAMPA, INC.

Principal Place of Business

% EVA C. PLUM
4032 W KENNEDY BLVD.
TAMPA FL 33609

Mailing Address

% EVA C. PLUM
4032 W KENNEDY BLVD.
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2896514

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLUM, EVA C.
4032 W KENNEDY BLVD.
TAMPA FL 33609

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE PST
NAME PLUM, EVA C.
STREET ADDRESS 5819 GALLEON WAY
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Eva Plum* REEVAED PLUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02 813)289-9749

Date Daytime Phone #

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90027 043 ***150.00

80127507



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CR2E034 (4/02)

B0121507



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Heckman
K27266

Department of State;

Dear Sirs, I like to inform you hereby that yesterday, July 1, was the first time I received the form to fill out and pay. I was shocked to see it was \$ 550.- and then I noticed it was including late fee. Since I never received a form this year, one of your associates told me to pay \$ 150.- and let you know I never received a form. It would be crazy not to pay the 150 on time and have to pay 550.

Thank you
Eric Plum

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4032 W. KENNEDY BLVD.
TAMPA, FL 33609
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