

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88431

1. Entity Name

BEE LINE PRINTING AND GRAPHICS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90063 006 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL D'AMBROSE
2945 E. BAY DR.
LARGO FL 34641-2636

C/O MICHAEL D'AMBROSE
2945 E. BAY DR.
LARGO FL 33771-2636

2. Principal Place of Business

2101 STARKEY RD

3. Mailing Address

2101 STARKEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDGL, STE 819

BLDGL, STE 819

City & State

City & State

LARGO, FL

LARGO, FL

Zip

Country

Zip

Country

33771

USA

33771

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-2947074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

D'AMBROSE, MICHAEL
157 FOREST GROVE BLVD.
PALM HARBOR FL 34683

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

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
P	D'AMBROSE, MICHAEL	157 FOREST GROVE BLVD.	PALM HARBOR FL	<input type="checkbox"/>
VP	D'AMBROSE, MARGARET	157 FOREST GROVE BLVD.	PALM HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00 727-531-7768

CR2E034 (9/99)