

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2000 90063 006 \*\*\*150.00

**DOCUMENT # K88431**

1. Entity Name

**BEE LINE PRINTING AND GRAPHICS, INC.**

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

3. Mailing Address

**2101 STARKEY RD**

**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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

DO NOT WRITE IN THIS SPACE



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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

*Michael D'Ambrose*

3/29/00

727-531-7768

CR2E034 (9/99)