

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90027 020 \*\*\*\*50.00

**DOCUMENT # L01000019794**

1. Entity Name

**PRINT-O-MATIC, LLC**

Principal Place of Business

**ROTE 6 BOX 354  
LAKE CITY FL 32025**

Mailing Address

**ROTE 6 BOX 354  
LAKE CITY FL 32025**

2. Principal Place of Business

**503 WEST BAY AVE.**

3. Mailing Address

**P.O. BOX 2645**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**LAKE CITY, FL**

City &amp; State

**LAKE CITY, FL**

4. FEI Number

**59-3759132**

Applied For

Not Applicable

Zip

**32025**

Country

**COLUMBIA**

Zip

**32056**

Country (county)

**COLUMBIA**5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, WILLIAM B III  
527 EAST UNIVERSITY AVE.  
GAINESVILLE FL 32601**

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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MANAGER/President</b>	<input type="checkbox"/> Delete
NAME	<b>CYNTHIA F. MANTINI</b>	
STREET ADDRESS	<b>ROUTE 6, BOX 354</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**CYNTHIA F. MANTINI****04/08/02****(386) 755-4545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)