

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90005 038 \*\*\*\*50.00

**DOCUMENT # L01000019794**

1. Entity Name

**PRINT-O-MATIC, LLC**



Principal Place of Business

**500 WEST BAY AVE  
LAKE CITY FL 32025**

Mailing Address

**P.O. BOX 2645  
LAKE CITY FL 32025**

2. Principal Place of Business

**366 SW KNOX Street**

3. Mailing Address

**P.O. Box 2645**

Suite, Apt. #, etc.

**Ste 101**

Suite, Apt. #, etc.

City & State

**Lake City, FL**

City & State

**Lake City, FL**

Zip

**32025**

Country

**USA**

Zip

**32025**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3759132**

Applied For

Not Applicable

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

**Cynthia F. Mantini**

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

**366 SW KNOX Street**

**Suite 101**

City

**Lake City**

FL

Zip Code

**32025**

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

*Cynthia F. Mantini*  
Signature (typed or printed name of registered agent and title if applicable)

**Cynthia F. Mantini**

(NOTE: Registered Agent signature required when reinstating)

**3-10-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRP** ☐ Delete  
NAME **MANTINI, CYNTHIA**  
STREET ADDRESS **ROUTE 6, BOX 354**  
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/10/03**

Date

**(386) 755-4545**

Daytime Phone #

CR2E083 (10/02)