

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90047 043 \*\*\*\*50.00

**DOCUMENT # L01000021182**

1. Entity Name

**PALM PRINTING STRATEGIC SOLUTIONS, LLC**



877106



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2306 DR. MARTIN LUTHER KING BLVD.  
 FT. MYERS FL 33901**

**2306 DR. MARTIN LUTHER KING BLVD.  
 FT. MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1159037**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOENFELD, LOWELL  
 2306 DR. MARTIN LUTHER KING BLVD.  
 FT. MYERS FL 33901**

Name

**F. T. HORTON**

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

**2306 DR. MARTIN LUTHER KING BLVD.**

City

**FT. MYERS**

**FL**

Zip Code

**33901**

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

**FT. HORTON, MGRM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/10/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **MGRM**  
 STREET ADDRESS **F. T. HORTON**  
 CITY-ST-ZIP **2306 DR. MARTIN LUTHER KING BLVD.  
 FT. MYERS FL 33901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **MGRM**  
 STREET ADDRESS **LAURA M. HORTON**  
 CITY-ST-ZIP **15241 TWEEDALE CIR.  
 FT. MYERS FL 33912**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **MGRM**  
 STREET ADDRESS **RANDY S. DARROW**  
 CITY-ST-ZIP **2306 DR. MARTIN LUTHER KING BLVD  
 FT. MYERS FL 33901**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 NAME  
 STREET ADDRESS  
 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:

**F. T. HORTON, MGRM**

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

**8/10/02 239-332-8600**

Date

Daytime Phone #

CR2E083 (4/02)