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

## FILED m

)	4/29	May 28, 2003 8:00 at Secretary of State
	•	04-29-2003 90030 042 ****50.00

DOCUMENT # L02000026049 1. Entity Name PRINTJOBTRACKER.COM, LLC 44002738 Principal Place of Business Mailing Address 13158 SE 93RD TERRACE ROAD 13158 SE 93RD TERRACE ROAD SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3569637 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EASTON, ROBERT W 13158 SE 93RD TERRACE ROAD Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD FL 34491 City Zio Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alguature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change TITLE RWEASTON / J. LED DALY Addition TITLE ☐ Delete NAME SNOWBIAD HOLDINGS, LLC NAME 13158 SE 93AD TERRACE RD STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP SUMMERFIELD FL. 34491 CITY-ST-ZIP Y. DANG -M Change ☐ Addition Delete TITLE TITLE PROFIT HOLDINGS INC MANAGING MOMBOR NAME NAME STREET ADDRESS STREET ADDRESS WEBSTER, FL 33597 CITY-ST-ZIP CITY-ST-ZIP R.W. EASTON JURSULA EASTON Change LI RUMON, TITLE Delete TITLE NAME KORESTON GROUP, INC. 13158 SE 93 AD TENRACE RD NAME STREET ADDRESS STREET ADDRESS SUMMERFICED FL 3449/ CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P 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:

ZALAS REROSAREON EASTON NETWANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/24/03

352.347.4884

Daytime Phone #