

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06348

1. Entity Name  
DOT PRINTING, INC.

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90045 001 \*\*\*550.00

008687 AV

Principal Place of Business  
% DOROTHY GALLEHER  
4517 GEORGE RD., SUITE 220  
TAMPA FL 33634

Mailing Address  
% DOROTHY GALLEHER  
4517 GEORGE RD., SUITE 220  
TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5031 West Grace Street  
Suite, Apt. #, etc.

3. Mailing Address  
5031 West Grace Street  
Suite, Apt. #, etc.

City & State  
Tampa, FL 33607

Zip  
33607

Country  
Hillsborough

4. FEI Number 59-2963053

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLEHER, DOROTHY  
4517 GEORGE RD.  
SUITE 220  
TAMPA FL 33634

Name  
Same

Street Address (P.O. Box Number is Not Acceptable)  
5031 West Grace Street

City  
Tampa

FL Zip Code  
33607

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 \$550.00**  
**After September 12, 2001. Fee will be \$750.00.**  
**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-ST-ZIP

D  
GALLEHER, DOROTHY M.  
14905 COLDWATER LANE  
TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KATHS, KATHY  
2227 SHADEHILL COURT  
TAMPA FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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: Dorothy M. Galleher Dorothy M. Galleher 9/07/01 813 6379556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)