

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59204

1. Entity Name

PRINTER'S INK, INC.

Principal Place of Business

3830 GUNN HWY  
TAMPA FL

3830 GUNN HWY  
TAMPA FL 33634

2. Principal Place of Business

3837 NORTHDAL E BLVD.

Suite, Apt. #, etc.

#371

City & State

TAMPA, FL.

Zip

33624

Country

3. Mailing Address

3837 NORTHDAL E BLVD.

Suite, Apt. #, etc.

#371

City & State

TAMPA, FL.

Zip

33624

Country

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90076 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3002746

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

SHAW, BILLY M.  
550 N REO ST #300  
SUITE 700  
TAMPA FL 33609-8013

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME DONKIN, JOEL  
STREET ADDRESS 13128 BECKETT DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19128 BECKETT DRIVE  
CITY-ST-ZIP ODESSA, FL. 33556

TITLE VP ☐ Delete  
NAME DONKIN, CAROLYN  
STREET ADDRESS 13128 BECKETT DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19128 BECKETT DRIVE  
CITY-ST-ZIP ODESSA, FL. 33556

TITLE ☐ Delete  
NAME  
STREET ADDRESS 19128  
CITY-ST-ZIP

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)