2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L9500000439 1. Entity Name					Jul 16, 2002 8:00 am Secretary of State			
FULLE	BORE GRAPHICS, L.C.	en a communicación de la companya de			07-16-2002 903	,		
Principal Pi	lace of Business	Mailing Address		— ("				
3115 44TH AVE N ST PETERSBURG FL 33714		3115 44TH AVE N ST PETERSBURG FL 337	114					
2. Principa	I Place of Business	3. Mailing Address						
		or Maining Address		() () () ()	1 040 10101 01111 00111 00111 00111 0	Cill Boid opik pipa	(115 0 16 11 (501)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Num	ber 59-3289928		Applied For	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$5.00 Ac		
	6. Name and Address of Curre	nt Registered Agent			d Address of New Regist	Tee Requir	ed	
RUZICKA, PHILIP R			Na	me	a Address of New Regist	егео Аделт		
311	5 44TH AVE N PETERSBURG FL 33714		Stro	eet Address (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
31	retendound PL 33/14			· · · · · · · · · · · · · · · · · · ·	* *			
			City	, <u> </u>			<u> </u>	
8 The above	ra named antity submits this say		i i			FL Zip Cod		
the obliga	re named entity submits this statement ations of registered agent.	for the purpose of changing it	ts registered offi	ce or registered agent, or be	oth, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE								
- JUNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Registered Agent	signature required when reinstating)		NATE		
		FILE N	NOW!!! FEE	IS \$50.00	18 34	<u> </u>		
			rayable to Del By September	partment of State 25, 2002				
9.	MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS/CHAN	IGES		
TITLE Name	MGRM	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	Ruzicka, Philip R 7112 2ND Ave., South		NAME			_	_	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		STREET ADDR	ESS }				
TITLE	MGRM	☐ Delete		MGRM				
NAME	RUZICKA, RICHARD R	L Delete	TITLE NAME	RUZICKA, RI	CHARD R.	Change	☐ Addition	
STREET ADDRESS	7112 2ND AVE., SOUTH			S 100 BEACH	DRIVE #140	3	}	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		CITY-ST-ZIP		G,FL 33701			
TITLE		☐ Delete	TITLE		<u> </u>	Change	Addition	
NAME STREET ADDRESS			NAME				L. Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss				
TITLE			CITY-ST-ZIP				-	
NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME CTREET ADDRES					

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Delete

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Change

☐ Change

☐ Addition

☐ Addition