

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010925 AF

DOCUMENT # L98000003451

1. Entity Name
INK MI AGAIN, LLC

00 APR 18 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~11015 A NORTH DALE MABRY HIGHWAY~~
TAMPA FL 33618

Mailing Address
~~11015 A NORTH DALE MABRY HIGHWAY~~
TAMPA FL 33618-3801



2. Principal Place of Business
13014 N. DALE MABRY HWY

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 356

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33618

Country

Zip

Country

MAM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KIM M
~~11015 N. DALE MABRY HWY~~
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

13014 N. DALE MABRY HWY - SUITE 356

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SCHWENCKE, KIM M ☐ Delete
STREET ADDRESS ~~11015 A NORTH DALE MABRY HIGHWAY~~
CITY-ST-ZIP TAMPA FL 33618

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 13014 N. DALE MABRY HWY - SUITE 356
CITY-ST-ZIP

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

TITLE NAME 50000032386 ☐ Addition
STREET ADDRESS -05/03/00--01153--017
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/10/00 013-24-034 X.02

166(6) (12/01)