

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003451**

1. Entity Name

INK MI AGAIN, LLC

Principal Place of Business

**13014 N. DALE MABRY HWY, SUITE 356
TAMPA FL 33618**

Mailing Address

**13014 N. DALE MABRY HWY, SUITE 356
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

SCHWENCKE, KIM M

**13014 N. DALE MABRY HWY, SUITE 356
TAMPA FL 33618**

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

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SCHWENCKE, KIM M
13014 N. DALE MABRY HWY, SUITE 356
TAMPA FL 33618**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**40000410289
-05/01/01--01084--012
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☐ Change ☐ Addition

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

KIM M. SCHWENCKE

4/17/01

813-264-0899

Date

Daytime Phone #

FILED
2001 APR 23 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)