

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024067

1. Entity Name
PRINTERDIRECTORY.COM, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90089 043 ***150.00

Principal Place of Business
3821 TAMiami TRAIL, STE. B #122
PT. CHARLOTTE FL 33952

Mailing Address
3821 TAMiami TRAIL, STE. B #122
PT. CHARLOTTE FL 33952

U0036258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0987555

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANSDALE, VALERIE L.
~~2049 NUREMBERG BLVD.~~
PUNTA GORDA FL 33983

Name LANSDALE, VALERIE L.

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

1068 HARBOUR CAPE PL

City Punta Gorda

FL

Zip Code 33983

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 Valerie Lansdale

4-10-01

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 D
NAME LANSDALE, VALERIE L.
STREET ADDRESS ~~2049 NUREMBERG BLVD.~~ 1068 HARBOUR CAPE PL.
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

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

TITLE D
NAME LANSDALE, DOUGLAS L.
STREET ADDRESS ~~2049 NUREMBERG BLVD.~~ 1068 HARBOUR CAPE PL.
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/10/01

Date

743-0857 (941)

Daytime Phone

CR2E034 (10/00)