FILED

727 - 786- 2328

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000043013 KEY PRINTING INK, CORP. 04-30-2001 90316 049 \*\*\*158.75 Principal Place of Business Mailing Address 748 BROADWAY, STE. 201 748 BROADWAY, STE. 201 **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Mailing Address 3704 2. Principal Place of Business DORAL 3704 DORAL ST. 5T. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FL PALM HARBOR 3658195 PALM HARBOR Not Applicable Country Country \$8.75 Additional 34685 34685 5. Certificate of Status Desired ΰSΑ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL BUCASAS MILLER, STANLEY M Street Address (P.O. Box Number is Not Acceptable) 748 BROADWAY, STE, 201 **DUNEDIN FL 34698** 3704 DORAL ST. City PALM HARBOR 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE **⊠**Delete PRESIOG T DAMIEL BUCASAS NAME NAME MILLER, STANLEY M 3704 DORAL ST. STREET ADDRESS STREET ADDRESS 748 BROADWAY, STE. 201 PALM HARBOR, EL. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ Change Addition NAME NAME STREET ADDRESS 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.