

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90733 002 \*\*\*150.00

**DOCUMENT # P00000056831**

**1. Entity Name**  
**INK & STEEL INC.**

**Principal Place of Business**  
**1401 GULF BLVD.**  
**6**  
**INDIAN ROCKS BEACH FL 33785**

**Mailing Address**  
**1401 GULF BLVD.**  
**6**  
**INDIAN ROCKS BEACH FL 33785**

**2. Principal Place of Business**  
**2309 GULF BLVD**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**2309 GULF BLVD**  
**Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

**City & State**  
**Largo FL**

**City & State**  
**Largo FL**

**4. FEI Number** **NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**Zip** **33785** **Country** **FL**

**Zip** **33785** **Country** **FL**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALBERTINI, RICHARD C**  
**2226 JAFFA PLACE**  
**CLEARWATER FL 33764**

**7. Name and Address of New Registered Agent**

**Name** **Dan Morales**  
**Street Address (P.O. Box Number is Not Acceptable)** **11512 119th Terrace North**  
**City** **Largo** **FL** **Zip Code** **33778**

**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]*

**DATE** **5/1/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **MORALES, DEBBIE L**  
**STREET ADDRESS** **2226 JAFFA PLACE**  
**CITY-ST-ZIP** **CLEARWATER FL 33764**

**TITLE** **PD** ☒ **Change** ☐ **Addition**  
**NAME** **MORALES, DEBBIE L**  
**STREET ADDRESS** **11512 119th Terrace N**  
**CITY-ST-ZIP** **Largo FL 33778**

**TITLE** **SD** ☐ **Delete**  
**NAME** **MORALES, DAN J**  
**STREET ADDRESS** **2226 JAFFA PLACE**  
**CITY-ST-ZIP** **CLEARWATER FL 33764**

**TITLE** **SD, TD** ☒ **Change** ☐ **Addition**  
**NAME** **MORALES, DAN**  
**STREET ADDRESS** **11512 119th Terrace**  
**CITY-ST-ZIP** **Largo FL 33778**

**TITLE** **TD** ☒ **Delete**  
**NAME** **ALBERTINI, RICHARD C**  
**STREET ADDRESS** **2226 JAFFA PLACE**  
**CITY-ST-ZIP** **CLEARWATER FL 33764**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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 another like empowered.**

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)