

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90233 022 ***150.00

DOCUMENT # P00000056831

1. Entity Name
INK & STEEL INC.



Principal Place of Business
**2309 GULF BV
INDIAN ROCKS BEACH FL 33785**

Mailing Address
**2309 GULF BV
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business
2309 Gulf Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Indian Rks Bch FL

City & State
Same

Zip
33785

Country
PINN

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORALES, DAN
11512 119 TERRACE NORTH
LARGO FL 33778**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MORALES, DEBBIE L**
STREET ADDRESS **11512 117 TERRACE N**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **SDTD** ☐ Delete
NAME **MORALES, DAN J**
STREET ADDRESS **11512 11TH TERRACE N**
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Beth Morales**
STREET ADDRESS **10387 51st Ave N**
CITY-ST-ZIP **St Pete FL 33708**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **Dave Morales**
STREET ADDRESS **10387 51st Ave N**
CITY-ST-ZIP **St Pete FL 33708**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/6/03** Daytime Phone # **(727) 593-5776**

CR2E034 (10/02)