FILED

Jul 18, 2001 8:00 am

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

SIGNATURE:

## DOCUMENT # P00000068212 Secretary of State 1. Entity Name 07-18-2001 90258 047 \*\*\*150.00 SERVICE PRINTERS OF PINELLAS, INC. Principal Place of Business Mailing Address 218 EAST TARPON SPRINGS AVENUE 218 EAST TARPON SPRINGS AVENUE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3602653 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LADINO, PAUL A Street Address (P.O. Box Number is Not Acceptable) 218 EAST TARPON SPRINGS AVENUE **TARPON SPRINGS FL 34689** City Zip Code FL 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 \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 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. ☐ Addition **PSTD** ☐ Delete TITLE Change TITLE LADINO, PAUL A NAME NAME STREET ADDRESS 218 EAST TARPON SPRINGS AVENUE STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP Addition TITLE Delete TITLE Change 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 CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

Attachment A0071954

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314 July 10, 2001

## To whom it may concern:

I am writing this letter to explain a situation that I am under. I am a new business owner and a new corporation as of August 2000. On July 9, 2001 I received a 2001 Uniform Business Report in the mail. I read this document through and called my accountant to ask how to proceed. He said that I should have received one of these in January 2001 to file in April. I never received one of these in the mail back in January and not knowing to look for one did not know that I was in default. I called your office on July 10 and spoke to a representative who told me to write a letter to explain my situation and fill out the report and return it with a check for \$150.00. I am asking that this will be sufficient enough to continue on with my business and corporation. I am sorry for any inconvenience that this has caused.

Sincerely

Paul A Ladino