

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076925

1. Entity Name

THE PRINT CENTER, INC.

Principal Place of Business

1503 S. MCCALL ROAD
ENGLEWOOD FL 34223

Mailing Address

1503 S. MCCALL ROAD
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1042244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARX, DON
1503 S. MCCALL ROAD
ENGLEWOOD FL 34223

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.

SIGNATURE

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Kathie A. Marx | |
| STREET ADDRESS | P.O. Box 42 | |
| CITY-ST-ZIP | Placida FL 33946 | |
| TITLE | Secretary/ | <input type="checkbox"/> Delete |
| NAME | Donald G. Marx | |
| STREET ADDRESS | P.O. Box 42 | |
| CITY-ST-ZIP | Placida FL 33946 | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | John M. Metzger | |
| STREET ADDRESS | 280 E. Cowles Street | |
| CITY-ST-ZIP | Englewood FL 34223 | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | Aaron L. Presler | |
| STREET ADDRESS | P26 Route 4 | |
| CITY-ST-ZIP | Lake Katwanga MO 64086 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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

01-18-01 941 475 5464

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

01-26-2001 90139 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)