

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90017 047 ***150.00

DOCUMENT # P00000103695

1. Entity Name
IDENTITY PRESS, INC.

Principal Place of Business

Mailing Address

415 N. ANDREWS AVE.
FT. LAUDERDALE FL 33301

415 N. ANDREWS AVE.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

500 SW 21 Terr.

500 SW 21 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay B-102

Bay B-102

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip

Country

Zip

Country

33312

Broward

33312

Broward

6. Name and Address of Current Registered Agent

VANDERPOOL, ANNA M
415 N. ANDREWS AVE.
FT. LAUDERDALE FL 33301

4. FEI Number

65-1059047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Annamarie VanDerPool
Street Address (P.O. Box Number is Not Acceptable)

500 SW 21 Terr. Bay B-102
City Ft. Lauderdale FL Zip Code 33312

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

4/25/01

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 Annamarie Wohlford ☐ Delete
NAME President
STREET ADDRESS 500 SW 21 Terr. Bay B-102
CITY-ST-ZIP Ft. Lauderdale FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/25/01 954-792-8155

Date

Daytime Phone #

CR2E034 (10/00)