2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # P00000107830 1. Entity Name Secretary of State COLOR TO GO, INC. 05-01-2001 90021 020 ***150.00 Principal Place of Business Mailing Address 2900 EAST COMMERCIAL BOULEVARD 2900 EAST COMMERCIAL BOULEVARD WEST UNIT WEST UNIT FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TNETTE S. BANNOW SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** Addition TITLE ☐ Delete TITLE NAME NAME BANNOW, LYNETTE S STREET ADDRESS STREET ADDRESS 2900 EAST COMMERCIAL BOULEVARD WEST UNIT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change ☐ Addition TITLE Delete TITLE BANNOW, STEVEN R NAME STREET ADDRESS STREET ADDRESS 2900 EAST COMMERCIAL BOULEVARD WEST UNIT CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change "Addition" ŤIŤ F TITLE Delete NAME STAUBER, MARJORIE E NAME STREET ADDRESS STREET ADDRESS 2900 EAST COMMERCIAL BOULEVARD WEST UNIT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.