

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90073 001 \*\*\*150.00

0047818 AV

**DOCUMENT # P00000109949**

**1. Entity Name**  
**PREMIUM INK JET SUPPLIES, INC.**



**Principal Place of Business**  
**1533 SUNSET DRIVE STE 225**  
**CORAL GABLES FL 33143**

**Mailing Address**  
**1533 SUNSET DRIVE STE 225**  
**CORAL GABLES FL 33143**

**2. Principal Place of Business**  
**6593 Powers AVE**

**3. Mailing Address**  
**PO BOX 10008**

**Suite, Apt. #, etc.**  
**Suite 5**

**Suite, Apt. #, etc.**

**City & State**  
**Jacksonville, FL**

**City & State**  
**Jacksonville FL**

**Zip**  
**32217**

**Country**  
**US**

**Zip**  
**32247**

**Country**  
**US**



☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **59-3687055**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WINARSKY, AMY**  
**1533 SUNSET DRIVE STE 225**  
**CORAL GABLES FL 33143**

**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, 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**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D WINARSKY, GREGORY**  
**1533 SUNSET DRIVE STE 225**  
**CORAL GABLES FL 33143**

☒ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D WINARSKY, GREGORY**  
**PO BOX 10008**  
**JACKSONVILLE FL 32247**

☒ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Delete**

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**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**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 all other like empowered.**

**SIGNATURE:**

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

**07/29/03**

**904-737-5588**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

86135699

000000109949

## **Premium Ink Jet Supplies, Inc.**

Laser Cartridges, Inkjet Cartridges, and More!

6593 Powers Ave. Suite 5  
Jacksonville, FL. 32217

Office: (904) 737-5588  
Fax: (904) 737-0060

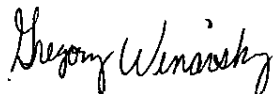
July 29, 2003

To Whom It May Concern:

Premium Ink Jet Supplies, Inc. did not receive a prior notice. I have enclosed a check for \$150.00 dollars.

If you have any questions please do not hesitate to call me at 904-737-5588

Thank you



Gregory Winarsky  
President