

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90867 025 ***150.00

DOCUMENT # P01000033159

1. Entity Name
LABELS & MORE, INC.

Principal Place of Business

**3949 EVANS AVE., #205
 FT. MYERS FL 33901**

Mailing Address

**3949 EVANS AVE., #205
 FT. MYERS FL 33901**

2. Principal Place of Business

3225 SANTA BARBARA BLVD. N.

3. Mailing Address

P.O. Box 6596

Suite, Apt. #, etc.

CAPE CORAL

Suite, Apt. #, etc.

FT. MYERS

City & State

FLORIDA

City & State

FLORIDA

Zip

33993

Country

US

Zip

33911

Country

US

4. FEI Number

65-1108808

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

TUMMINELLO, VINCENT

3949 EVANS AVE., #205

FT. MYERS FL 33901

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **TUMMINELLO, VINCENT**
 STREET ADDRESS **3949 EVANS AVE., #205**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Change ☐ Addition
 NAME **VINCENT Tumminello**
 STREET ADDRESS **3225 SANTA BARBARA BLVD. NORTH**
 CITY-ST-ZIP **CAPE CORAL, FL. 33993**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: **Vincent Tumminello** 429-02 339-542-9802
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)