2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91275 004 ***150.00

051916 AV

DOCUMENT # P01000033159

1. Entity Name
LABELS & MORE, INC.

Principal Place of Business	Mailing Address
3225 SANTA BARBARA BLVD N CAPE CORAL FL 33993	~~P.O. BOX 6596~~ ~~FORT MYERS FL 33911~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
SAME AS ABOVE		P.O. BOX 152910	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CAPE CORAL, FL	
Zip	Country	Zip: 33915	Country

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: VINCENT TUMMINELLO Street Address (P.O. Box Number is Not Acceptable): 3225 SANTA BARBARA BLVD, NORTH City: CAPE CORAL FL Zip Code 33915

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: V. Tumminello VINCENT TUMMINELLO 4-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TUMMINELLO, VINCENT		NAME		
STREET ADDRESS	3225 SANTA BARBARA BLVD NORTH		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33993		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: V. Tumminello VINCENT TUMMINELLO 4-4-03 (239)542-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #