

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90090 027 ***150.00

DOCUMENT # P01000084622

1. Entity Name

PRINTWORKS, INC.

Principal Place of Business

Mailing Address

**909 MOJAVE TRAIL
 MAITLAND FL 32751**

**909 MOJAVE TRAIL
 MAITLAND FL 32751**

750274



2. Principal Place of Business

Blvd

3. Mailing Address

4506 Parkway Commerce Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

52-2338750

Applied For

Not Applicable

Zip

Country

32808

USA

Zip

Country

32808

USA

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

**DEROO, JOHN M
 909 MOJAVE TRAIL
 MAITLAND FL 32751**

Name

Lisa DeRoo

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

4506 Parkway Commerce Blvd

City

Orlando

FL

Zip Code

32808

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

Lisa DeRoo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-02

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 **DEROO, JOHN M**
 STREET ADDRESS **909 MOJAVE TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **Treasurer** ☐ Change ☐ Addition
 NAME **Lisa DeRoo**
 STREET ADDRESS **909 Mojave Tr**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Lisa DeRoo **Lisa DeRoo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-02

Daytime Phone #

407-296-0089

CR2E034 (9/01)