

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 048 ***150.00

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DOCUMENT # P02000012825

1. Entity Name
WEBPRINTING.ORG, INC

(L) ✓



Principal Place of Business
4297 NW 1ST DRIVE
DEERFIELD BEACH FL 33442

Mailing Address
4297 NW 1ST DRIVE
DEERFIELD BEACH FL 33442

2. Principal Place of Business
2712 E. ATLANTIC BLVD.
Suite, Apt. #, etc.

3. Mailing Address
2712 E. ATLANTIC BLVD.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL
Zip
33062
Country

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Pompano Beach, FL
Zip
33062
Country

4. FEI Number
04-3659650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, CAMILO
4297 NW 1ST DRIVE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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 CAMILO GOMEZ PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

07/24/03

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 Trust Fund Contribution. ☐ \$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
PRESIDENT
CAMILO GOMEZ
4297 NW 1ST DR
DEERFIELD BEACH, FL 33442

☐ Delete

SS# 595-76-7328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
HARLOW HUGGINS
2712 E. ATLANTIC BLVD
POMPAHO BEACH, FL 33062

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SS# 165-58-1421

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STREET ADDRESS
CITY-ST-ZIP

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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)(c), 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: CAMILO GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/03 954-785-1636

Daytime Phone #

CR2E034 (4/03)