

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90198 005 ***150.00

0689727 FP

DOCUMENT # P02000079239

1. Entity Name
THE INK SPOT PRINT SHOP INC.



Principal Place of Business
11104-48TH AVENUE NORTH
ST PETERSBURG FL 33708

Mailing Address
11104-48TH AVENUE NORTH
ST PETERSBURG FL 33708



2. Principal Place of Business
11104-48th Avenue North
Suite, Apt. #, etc.

3. Mailing Address
11104-48th Ave. N.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg
33708 **United States**

City & State
St. Petersburg
33708 **U.S.**

4. FEI Number
01-0716022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VANHOVEN, CYNTHIA
11104-48TH AVENUE NORTH
ST PETERSBURG FL 33708

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

*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

TITLE **DP** ☐ Delete
NAME **VANHOVEN, CYNTHIA**
STREET ADDRESS **11104-48TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **VanHoven Michael**
STREET ADDRESS **11104-48th Ave. North**
CITY-ST-ZIP **St. Petersburg, FL 33708**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Faircloth, Jessica**
STREET ADDRESS **11104 Cherokee Drive 48th Ave. N.**
CITY-ST-ZIP **St. Petersburg, FL 33708**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Faircloth, Jonathan**
STREET ADDRESS **11104 Cherokee Drive 48th Ave. N.**
CITY-ST-ZIP **St. Petersburg, FL 33708**

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

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

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

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:

Cynthia VanHoven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

Daytime Phone #

727-434-7174

CR2E034 (10/02)