

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014341

1. Entity Name

THE CARTRIDGE SOURCE, INC.

Principal Place of Business

35651 S.R. 537  
GRAYSVILLE OH 45734  
US

Mailing Address

PO BOX 12207  
OLDSMAR FL 34677-6814  
US

2. Principal Place of Business

3. Mailing Address

35651 SR 537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Graysville, Ohio

4. FEI Number

59-3163242

Applied For

Not Applicable

Zip

Country

Zip

Country

45734

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

WHITACRE, KOY L  
305 MEARS BLVD  
OLDSMAR FL 34677

305 Mears Blvd  
Oldsmar FL 34677

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

*Lisa A. Jones, Secretary* LISA A. JONES

1.17.00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WHITACRE, KOY L	305 MEARS BLVD	OLDSMAR FL 34677	<input type="checkbox"/>
		305 Mears Blvd.	Oldsmar FL 34677	
ST	JONES, LISA A	305 MEARS BLVD	OLDSMAR FL 34677	<input type="checkbox"/>
		35651 SR 537	Graysville OH 45734	
VP	GARDNER, JENNIFER L	305 MEARS BLVD	OLDSMAR FL 34677	<input type="checkbox"/>
		35651 SR 537	Graysville OH 45734	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 A. Jones, Secretary* LISA A. JONES

Date

Daytime Phone #

1.17.00 740.934.9551

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90053 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE