

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019915

1. Entity Name
COLORPROOF SOFTWARE, INC.

Principal Place of Business
5405 CYPRESS CENTER DRIVE
SUITE 295
TAMPA FL 33609
US

Mailing Address
5405 CYPRESS CENTER DRIVE
SUITE 295
TAMPA FL 33609
US

2. Principal Place of Business

10004 N. Dale Mabry Hwy
Suite 101
Tampa, FL
33618 USA

3. Mailing Address

10004 N. Dale Mabry Hwy
Suite 101
Tampa, FL
33618 USA

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90477 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3229580**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S HYDE PARK AVE
TAMPA FL 33606

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.

SIGNATURE

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, 2001 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
D
PANNOZZO, JOHN C
2509 SKIPPER TRAIL
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DALE, MARK M
16810 ROLLING ROCK DR
TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/01 813-282-4563
Daytime Phone #

CR2E034 (10/00)

0343572