2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Mar 04, 2002 8:00 am P94000071646 DOCUMENT # **Secretary of State** 1. Entity Name 03-04-2002 90021 041 ***150.00 PRINTSOURCE, INC. OF SARASOTA Principal Place of Business Mailing Address 1722 S. LAKE SHORE DRIVE -1722 S. LAKE SHORE DRIVE J U U & U V SARAGOTA FL: 04201-SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address BLVD BUSINESS 4577 DCL SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0532115 S ARASOTA Not Applicable SAME Country Country \$8.75 Additional 5. Certificate of Status Desired SARASOTA SAME SAME Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMBRECHT, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1550 RINGLING BLVD. SARASOTA FL 34236 City 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, 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 FILE-NOW!!! FEE IS \$150.00 --10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 TITLE Delete TITLE Addition GUTTRIDGE, ALAN R NAME NAME 4577 DEL SOL BLUD S. 1722 S LAKE SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA-FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GUTTRIDGE, JANET T NAME NAME 1722 S LAKE SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota fl CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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