

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90077 009 ***150.00

DOCUMENT # P94000086072

1. Entity Name

PAGINATION PRINTING COMPANY, INC.

Principal Place of Business

3894 D TAMPA RD
OLDSMAR FL 34677
US

Mailing Address

3894 D TAMPA RD
OLDSMAR FL 34677-3120
US

2. Principal Place of Business

1148 Mistwood Drive

Suite, Apt. #, etc.

3. Mailing Address

36181 East Lake Rd

Suite, Apt. #, etc.

167

City & State

Tarpon Springs FL

City & State

Palm Harbor FL

Zip

34689

Country

USA

Zip

34685

Country

USA

4. FEI Number

59-3282389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S P.A.

1245 COURT STREET

SUITE 102

CLEARWATER FL

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, 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 **PVSD** ☐ Delete
NAME **WHITTAKER, DAN**
STREET ADDRESS **3894 D TAMPA RD**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSD** ☒ Change ☐ Addition
NAME **Whittaker, Dan**
STREET ADDRESS **36181 East Lake Rd #167**
CITY-ST-ZIP **Palm Harbor, FL 34685**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **Daniel F. Whittaker** **DAN WHITTAKER** **3/9/00** **727-418-4760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #