

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90666 013 ***150.00

DOCUMENT # P95000007446

1. Entity Name

FLORIDA LASER PRINTER SERVICE INC.

Principal Place of Business

Mailing Address

807 W BEARSS AVE
 #F
 TAMPA FL 33613
 US

807 W BEARSS AVE
 #F
 TAMPA FL 33613
 US

28717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

104 W. Seneca Ave

104 W. Seneca Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

7

City & State

City & State

Tampa FL

Tampa, FL

Zip 33613

Country

Hillsborough

Zip 33612

Country

Hillsborough

4. FEI Number

59-3297821

Applied For

Not Applicable

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

CLINGAN, BOBBY D
 15319 SPRUSON STREET
 ODESSA FL 33556

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CLINGAN, BOBBY D	
STREET ADDRESS	15319 SPRUSON STREET	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLINGAN, IRAIDA A	
STREET ADDRESS	15319 SPRUSON STREET	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bobby D. Clingan
 Bobby D. Clingan

CEO

4/24/02

813 265-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)