

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045308

1. Entity Name

KING PRINTING & GRAPHICS, INC.

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90062 007 \*\*\*150.00

Principal Place of Business

730 WEST BRANDON BLVD.  
BRANDON FL 33511-4902

Mailing Address

730 WEST BRANDON BLVD.  
BRANDON FL 33511-4902

00020044

2. Principal Place of Business

140 W. ROBERTSON ST

3. Mailing Address

140 W. ROBERTSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

4. FEI Number

59-3321189

Applied For

Not Applicable

Zip

33511

Country

FLORIDA

Zip

33511

Country

FLORIDA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RABSTEJNEK, STEVEN  
730 W. BRANDON BLVD.  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

STEVEN RABSTEJNEK

Street Address (P.O. Box Number is Not Acceptable)

140 W. ROBERTSON ST.

City

BRANDON

FL

Zip Code

33511

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

*Steven Rabstejnek*

STEVEN RABSTEJNEK

4/2/01

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 PT  
NAME RABSTEJNEK, STEVEN  
STREET ADDRESS 401 CHASTAIN RD  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE VPS  
NAME RABSTEJNEK, PATRICIA  
STREET ADDRESS 401 CHASTAIN RD  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

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 ☐ 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  
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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:

*Steven Rabstejnek*

STEVEN RABSTEJNEK

4/2/01

813-681-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)