

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083054

1. Entity Name
ALOMA PRINTING, INC.

Principal Place of Business
4420 METRIC DRIVE
STE D
WINTER PARK FL 32792

Mailing Address
6972 ALOMA AVENUE
WINTER PARK FL 32792

2. Principal Place of Business
4420 Metric Drive
Suite, Apt. #, etc.
Suite D
City & State
Winter Park, FL
Zip
32792
Country
USA

3. Mailing Address
4420 Metric Drive
Suite, Apt. #, etc.
Suite D
City & State
Winter Park, FL
Zip
32792
Country
USA

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90006 025 ***558.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339257 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EWASKO, KELLEY R
6972 ALOMA AVENUE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name Ewasko, William
Street Address (P.O. Box Number is Not Acceptable)
4420 Metric Drive, Suite D
City Winter Park FL Zip 32792

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 *Kelley Ewasko*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/28/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	VP EWASKO, KELLEY R 6972 ALOMA AVENUE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWASKO, WILLIAM R 6972 ALOMA AVENUE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kelley Ewasko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)