2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000055730 DOCUMENT

1. Entity Name

Principal Place of Business

5115 W. KNOX STREET

TAMPA FL 33634

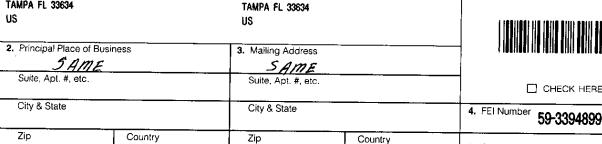
VICKMOORE SCREEN PRINTING, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90082 012 ***158.75





Mailing Address

5115 W. KNOX STREET



☐ CHECK HERE IF MAKING CHANGES Applied For

Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required

6. Name and Address of Current Registered Agent VICKERS, NORMAN JR 5115 W KNOX STREET **TAMPA FL 33634**

7. Name and Address of New Registered Agent					
Name	<u> </u>				
Street Address (P.O. Box Number is Not Acceptable)					
	<u> </u>		·		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

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10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSCE NORMAN VICKERS JR 5115 W. KNOX STREET TAMPA FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST. ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)