

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90321 035 \*\*\*150.00

DOCUMENT # P96000099969

1. Entity Name

LASER SHARP PRINTING, INC.

Principal Place of Business

2501 W MAIN ST  
STE 104  
LEESBURG FL 34748  
US

Mailing Address

2501 W MAIN ST  
STE 104  
LEESBURG FL 34748  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3414689

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

SMALLEY, KATHLEEN  
32711 OAK PARK DR  
LEESBURG FL 34748

Name

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

2226 CYPRESS COVE DR

City

TAVARES

FL

Zip Code

32778

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 *Kathleen Smalley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*x 1-24-01*  
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMALLEY, JACK V  
CITY-ST-ZIP 32711 OAK PARK DRIVE  
LEESBURG FL 34748

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2226 CYPRESS COVE DR  
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMALLEY, KATHLEEN A  
CITY-ST-ZIP 32711 OAK PARK DRIVE  
LEESBURG FL 34748

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2226 CYPRESS COVE DR  
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Kathleen Smalley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 1-24-01 352-326-8334*  
Date Daytime Phone #

0433387

CR2E034 (10/00)