

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90450 005 ***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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3414689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMALLEY, KATHLEEN
2226 CYPRESS COVE DR
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

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

1848 NORTH SPRINGLAKE BLVD.

City

FRUITLAND PARK

FL

Zip Code

34731

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SMALLEY, JACK V**
STREET ADDRESS **2226 CYPRESS COVE DR**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete
NAME **SMALLEY, KATHLEEN A**
STREET ADDRESS **2226 CYPRESS COVE DR**
CITY-ST-ZIP **TAVARES FL 32778**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1848 NORTH SPRINGLAKE BLVD**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1848 NORTH SPRINGLAKE BLVD**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN SMALLEY 2-27-03 352-326-8334

(Date)

Daytime Phone #

CR2E034 (10/02)