

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000102427**

1. Entity Name

BIG COLOR OUTPUT, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90183 006 ***158.75

Principal Place of Business

Mailing Address

**1327 LAFAYETTE ST
CAPE CORAL FL 33904
US****3108 SE 11TH
CAPE CORAL FL 33904****601695**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0719876

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DESNICK, HARVEY L
3108 SE 11TH AVE
CAPE CORAL FL 33904**

Name

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

City

FL

Zip Code

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

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, 2000 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

☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	MARS, DALE W	
STREET ADDRESS	234 SW 43RD LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DESNICK, HARVEY L	
STREET ADDRESS	3108 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARS, SHARON	
STREET ADDRESS	234 SW 43RD LANE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESNICK, SUSAN	
STREET ADDRESS	3108 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESNICK, HARVEY	
STREET ADDRESS	3108 S.E. 11TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESNICK, SUSAN	
STREET ADDRESS	3108 S.E. 11TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY L. DESNICK

Date

1-10-00

Daytime Phone #

(941) 540-4441

CR2E034 (9/99)