2001 Uniform Business Report (UBR)

DOCUMENT # 7 96000 10 24 37 Mar 08, 2001 8:00 am Secretary of State BIG COLOR OUTPUT, INC. 03-08-2001 90073 002 ***158.75 1327 LAFAYETTE ST. 2142 SE 10th Place Cape Coral, Fl 33904 Cape Coral, FL 33990 C0031799 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESNICK, HARVEY L. Street Address (P.O. Box Number is Not Acceptable) 2142 SE 10th PLACE CAPE CORAL FL 33990 City 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) FILE NOW!!! FEE IS \$150.00 --9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT, TREASURER PRESIDENT, TREASURER Delete TITLE DESNICK, HARVEY L. 3108 JE 11 TH AVE CAPE CORAL FL 33904 DESNICK, HARVEY L 2142 SE! 10 TH PLACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 VICE PRESIDENT, JECRETARY DESNICK, SUSAN T 2142 SE. IOTH PLACE CAPE CORAL, FL 33990 ICE PRESIDENT SECRETARY DESNICK, SUSANT. NAME STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.

SUSAN T. DESNICK 2-15-01