

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90967 018 \*\*\*158.75

**DOCUMENT #** P96000102427

**1. Entity Name**

BIG COLOR OUTPUT, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1327 LAFAYETTE ST.

Suite, Apt. #, etc.

**3. Mailing Address**

1327 LAFAYETTE ST.

Suite, Apt. #, etc.

B0056883

DO NOT WRITE IN THIS SPACE

**City & State**

CAPE CORAL, FL

**City & State**

CAPE CORAL, FL

**4. FEI Number**

650719876

**Applied For**

Not Applicable

**Zip**

33904

**Country**

USA

**Zip**

33904

**Country**

USA

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

HARVEY L. DESNICK

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

2142 S.E. 10TH PLACE

**City**

CAPE CORAL

**FL**

**Zip Code**

33990

**DO NOT WRITE  
IN THIS SPACE**

**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)**

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE** PRESIDENT P/T  
**NAME** HARVEY L. DESNICK  
**STREET ADDRESS** 2142 S.E. 10TH PLACE  
**CITY - ST - ZIP** CAPE CORAL, FL 33990

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** V/S  
**NAME** SUSAN T. DESNICK  
**STREET ADDRESS** 2142 S.E. 10TH PLACE  
**CITY - ST - ZIP** CAPE CORAL, FL 33990

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 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  
PRES. / PRES.

3/19/02 238-540-4441

Date

Daytime Phone #

CR2E034B (12/01)