

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007884

1. Entity Name

PARTNERS IN PRINT, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90013 027 ***550.00

Principal Place of Business

~~3014 U.S. HIGHWAY 301 NORTH~~
~~100~~
~~TAMPA FL 33619~~

Mailing Address

~~3014 U.S. HIGHWAY 301 NORTH~~
~~100~~
~~TAMPA FL 33619~~

2. Principal Place of Business

6304 Benjamin Road

3. Mailing Address

6304 Benjamin Road

Suite, Apt. #, etc.

507

Suite, Apt. #, etc.

507

City & State

Tampa FL

City & State

Tampa FL

Zip

33634

Country

Zip

33634

Country

4. FEI Number

59-3417055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHORT, PAUL R
7522 N 40 STREET
TAMPA FL 33604

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME MURACK, MARK T
STREET ADDRESS 716 S BREVARD AVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 of Mark Murack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK MURACK

Sep 6, 2000

(813) 290-7721

Date

Daytime Phone #

CR2E034 (5/00)