000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070464

Name
PRINT-I-DENT SYSTEMS, INC.

FILED
00 APR 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
362 Lake Way
Oldsmar, Florida 34677-2412

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country | Zip | Country

4. FEI Number
59-3463209
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 Almeria Avenue
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.

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

City
Coral Gables
FL
Zip Code
33134

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.

Spiegel & Utrera, P.A.

By: _____ 4/12/00
Signature(s) of officer(s) or director(s) or agent (if changing)
(NOTE: Registered Agent's signature required when reinstating)
DATE

Jeffrey Dowd, Assistant Treasurer

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President Waldrep, Lester L. 362 Lake Way Oldsmar, Florida 34677-2412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Secretary Hunt, Diana N. 362 Lake Way Oldsmar, Florida 34677-2412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Treasurer Fickes, Sheila L. 362 Lake Way Oldsmar, Florida 34677-2412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003236378--2 -05/03/00--01025--017 ****150.00 ****150.00
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ April 12, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #