

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 90709 028 ***150.00

DOCUMENT # P98000031388

1. Entity Name
PRINTSMITH INC.

Principal Place of Business
2175 MAIN STREET
DUNEDIN FL 34698
ST

Mailing Address
2175 MAIN STREET
DUNEDIN FL 34698
ST



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3505575

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

STEIN, NEIL
2907 ELYSIUM WAY
CLEARWATER FL 33759-D

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, 2002 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

TITLE **D**
NAME **STEIN, NEIL**
STREET ADDRESS **2907 ELYSIUM WAY**
CITY-ST-ZIP **CLEARWATER FL 33759-D**

☐ Delete

TITLE **VICE PRESIDENT**
NAME **STEIN, MICHELLE**
STREET ADDRESS **2907 ELYSIUM WAY**
CITY-ST-ZIP **CLEARWATER, FL 33759**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)