

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 018 ***150.00

DOCUMENT # P98000065141

1. Entity Name
CREATIVE PRINTING & SUPPLY, INC.



Principal Place of Business
5050 9TH STREET NORTH
NAPLES FL 34103

Mailing Address
5050 9TH STREET NORTH
NAPLES FL 34103

2. Principal Place of Business

5050 TAMiami TRAIL N

3. Mailing Address

5050 TAMiami TRAIL N

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0850342**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOMASIO, MICHELLE SMITH, MICHELE
5050 9TH STREET NORTH, Suite B
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **SMITH, MICHELE**
Street Address (P.O. Box Number is Not Acceptable) **5050 TAMiami TRAIL NORTH, Suite B**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michele Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-31-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D SMITH** ☐ **Delete**
NAME **TOMASIO, MICHELE**
STREET ADDRESS **5050 9TH STREET NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ **Delete**
NAME **CAVESENO, MIKE**
STREET ADDRESS **5050 9TH STREET NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **michele smith**
STREET ADDRESS **5050 TAMiami TRAIL NORTH, Suite B**
CITY-ST-ZIP

TITLE ☒ **Change** ☒ **Addition**
NAME **5050 TAMiami TRAIL NORTH, Suite B**
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/03 239-430-1122

CR2E034 (10/02)