

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90100 027 ***150.00

DOCUMENT # P98000084369

1. Entity Name
D & T PRINTING, INC.

Principal Place of Business
11968 NORTH FLORIDA AVE
TAMPA FL 33612

Mailing Address
11968 NORTH FLORIDA AVE
TAMPA FL 33612

2. Principal Place of Business
12207 NORTH FLORIDA AVE

3. Mailing Address
12207 NORTH FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33612

Country
Williston, VT

Zip
33612

Country
Williston, VT

4. FEI Number
59-3548771

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WATKINS, CARL T
5103 MEMORIAL HIGHWAY
TAMPA FL 33634

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 \$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

TITLE **D** ☒ **Delete**
NAME **APPEL, WILLIAM J**
STREET ADDRESS **4429 VIEUX CIR**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ **Delete**
NAME **SHIRMOHAMMAD, KHASRO**
STREET ADDRESS **3448 BLUEFISH DRIVE**
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **SCOTT WATSON**
STREET ADDRESS **5233 MAPLEBROOK WAY**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **21141 MARSH HAWK DRIVE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

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

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

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

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

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:

Khasro Shir Mohammad
KHASRO SHIRMOHAMMAD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-02 813-732-0105