## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P98000084840 DIGITAL LITHO, INC. 02-06-2001 90319 013 \*\*\*150.00 Principal Place of Business Mailing Address 4050 N 30TH AVE 4050 N. 30TH AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 LAUUI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0866748 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ETTING, DAVID Street Address (P.O. Box Number is Not Acceptable) 616 NW 21ST ST WILTON MANORS FL 33311 30th Ave 020 8. The above named entity, s this sta nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ame of registered age 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Delete TITLE TITLE ☐ Addition Change NAME ETTING, DAVID NAME STREET ADDRESS 616 NW 21ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33311 **PSD** TITI F □ Delete TITLE Change ☐ Addition PYE, FRED NAME NAME STREET ADDRESS STREET ADDRESS 616 NW 21ST ST CITY-ST-7IP CITY-ST-7IP WILTON MANORS FL 33311 IIILE □ Delete \_IITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

avid Etting

2/1/0/

(954) 983-5256

Daytime Phone #