

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102738

1. Entity Name
PRINTING SOLUTIONS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90207 024 ***150.00

Principal Place of Business

**2231 FORBES STREET
JACKSONVILLE FL 32204**

Mailing Address

**2231 FORBES STREET
JACKSONVILLE FL 32204**

2. Principal Place of Business

1762 Singing Bird Lane

3. Mailing Address

1762 Singing Bird Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32223

Country

USA

Zip

32223

Country

USA

4. FEI Number **59-3546973**

Applied For

Not Applicable

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

**HURDLE, ANTHONY W
2231 FORBES ST.
JACKSONVILLE FL 32204**

Name

Hurdle Anthony W.

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

1762 Singing Bird Lane

City

Jacksonville

FL

Zip Code

32223

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]

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, 2001 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** ☐ Delete
NAME **HURDLE, W. ANTHONY**
STREET ADDRESS **2231 FORBES STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Change ☐ Addition
NAME **Hurdle, W. Anthony**
STREET ADDRESS **1762 Singing Bird Lane**
CITY-ST-ZIP **Jacksonville Florida 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)