2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900001386 Jun 19, 2000 8:00 am **Secretary of State** PRINTING LOGIC, INC. 06-19-2000 90006 031 ***550.00 Principal Place of Business Mailing Address 13900 49TH ST. N. 13900 49TH ST. N. CLEARWATER FL 33762-3739 CLEARWATER FL 33762-3739 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, DARRELL C Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., STE. 2800 **TAMPA FL 32602** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME LOOMIS, MARC D STREET ADDRESS STREET ADDRESS 13900 49TH ST. N. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3739 ☐ Addition Change TITLE TITLE Delete NAME **BOWERSOCK, WILLIAM** NAME STREET ADDRESS STREET ADDRESS 13900 49TH ST. N. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3739 ______Addition. TITLE __Change__ TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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