## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000029509 1. Enny Name PRINT IT UP, INC. 04-23-2001 90037 017 \*\*\*150.00 Mailing Address Principal Place of Business 8451 MILANO DR., #1711 8451 MILANO DR., #1711 ORLANDO FL 32810 336434 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business Summit Contr way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3571783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-ASARNOW, JEFFREY 8451 MILANO-DR., #1711 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May/Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back)

11.	OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI			
TITLE	D	☐ Delete	TITLE	Presiden+	Change	☐ Addition	
NAME Street Address City-St-Zip	ASARNOW, JEFFREY 8451 MHANO DR. #1711 ORLANDO FL 32810		NAME Street Address City-St-Zip	Asarnow, Jeffley 9125 Summit Centil	way #	38906	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

SCHATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

407-667-084

Daytime Phone #