

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047899

1. Entity Name

PRESSTIGE PRINTING, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90353 001 ***900.00

Principal Place of Business

4551 ARNOLD AVE
 NAPLES FL 34104

Mailing Address

13900 49TH STREET NORTH
 CLEARWATER FL 33762-3739

41339

2. Principal Place of Business

9124 Bonita Bch Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

34135

Country

Zip

Country

4. FEI Number

59-3584723

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

SMITH, DARRELL C
 101 EAST KENNEDY BLVD.
 SUITE 2800
 TAMPA FL 33602

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, 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

TITLE D
 NAME LOOMIS, MARC D
 STREET ADDRESS 13900 49TH STREET NORTH
 CITY-ST-ZIP CLEARWATER FL 33762-3739 ☐ Delete

TITLE D
 NAME BOWERSOCK, WILLIAM
 STREET ADDRESS 13900 49TH STREET NORTH
 CITY-ST-ZIP CLEARWATER FL 33762-3739 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)