

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90051 038 \*\*\*150.00

**DOCUMENT # P99000064782**

1. Entity Name

**FIRST PRINT FINISHING, INC.**

Principal Place of Business

~~3020 HAWTHORNE RD~~  
**TAMPA FL 33611**

Mailing Address

~~3020 HAWTHORNE RD~~  
**TAMPA FL 33611**

2. Principal Place of Business

**5420-C Pioneer Park Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**5420-C Pioneer Park Blvd.**

Suite, Apt. #, etc.

City & State

**Tampa, Florida 33634**

City & State

**Tampa, Florida 33634**

4. FEI Number

**59-3589410**

Applied For

Not Applicable

Zip

**33634**

Country

**Hillsborough**

Zip

**33634**

Country

**Hillsborough**

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

Name

**Wofford, Jacqueline**

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

**5420-C Pioneer Park Blvd.**

City

**Tampa**

**FL**

Zip Code  
**33634**

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

*Jackie Wofford*

**February 15, 2001**

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 **WOFFORD, JACQUELINE**  
STREET ADDRESS **3020 HAWTHORNE RD**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D/P/S/T** ☒ Change ☐ Addition  
NAME **Wofford, Jacqueline**  
STREET ADDRESS **5420-C Pioneer Park Blvd.**  
CITY-ST-ZIP **Tampa, Florida 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: *Jackie Wofford* **JACKIE WOFFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 15, 2001 (813) 806-5393**

Date

Daytime Phone #

CR2E034 (10/00)