

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 006 ***150.00

DOCUMENT # P 9900064782	
1. Entity Name	
First Print Finishing, Inc.	

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94066145

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, FL		City & State Tampa, FL	
Zip 33634-4312	Country USA	Zip 33634-4312	Country USA

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4. FEI Number 59-3589410		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jacqueline Wofford	
Street Address (P.O. Box Number is Not Acceptable) 5420-C Pioneer Park Blvd.	
City Tampa	Zip Code 33634-4312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jacqueline Wofford **Jacqueline Wofford** **4/20/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Jacqueline Wofford 5420-C Pioneer Park Blvd. Tampa, FL 33634-4312
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Wofford **Jacqueline Wofford \ President** **4/20/2004** **(813) 806-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**