

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087516

1. Entity Name
INK CART NETWORK, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90312 046 ***150.00

Principal Place of Business
3890 TAMiami TRAIL
#B
PORT CHARLOTTE FL 33952

Mailing Address
3890 TAMiami TRAIL
#B
PORT CHARLOTTE FL 33952

2. Principal Place of Business
459 BRANDON TOWN CENTER
Suite, Apt. #, etc.
TOUR 1471

3. Mailing Address
Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State

Zip
33510

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SLIPATCHUK, ROMAN
25157 LASHORE LANE
PUNTA GORDA FL 33983

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIPATCHUK, ROMAN		NAME		
STREET ADDRESS	25157 LASHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33983		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIPATCHUK, KATHERINE		NAME		
STREET ADDRESS	25157 LASHORE LANE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33983		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOWEC, WOLODIMIR		NAME		
STREET ADDRESS	9223 GRACE LANE		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19115		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARINOV, LAJOR	
STREET ADDRESS			STREET ADDRESS	674 SAXON BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: KATHERINE SLIPATCHUK SECRETARY 3/26/01 (941) 766-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0037904

CR2E034 (10/00)