

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90079 016 ***150.00

DOCUMENT # P99000087516

1. Entity Name
INK CART NETWORK, INC.

Principal Place of Business
459 BRANDON TOWN CENTER
T04R 471
BRANDON FL 33510

Mailing Address
3890 TAMiami TRAIL
#B
PORT CHARLOTTE FL 33952

2. Principal Place of Business
3890 - B

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

City & State

4. FEI Number
65-0965037

Applied For
 Not Applicable

Zip
33952

Country

Zip

Country

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

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, 2002 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 **V** ☐ Delete
 NAME **SLIPATCHUK, ROMAN**
 STREET ADDRESS **25157 LASHORE LANE**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **S** ☐ Delete
 NAME **SLIPATCHUK, KATHERINE**
 STREET ADDRESS **25157 LASHORE LANE**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **P** ☐ Delete
 NAME **WOLOWEC, WOLODIMIR**
 STREET ADDRESS **9223 GRACE LANE**
 CITY-ST-ZIP **PHILADELPHIA PA 19115**

TITLE **D** ☐ Delete
 NAME **MARINOV, LAVOR**
 STREET ADDRESS **674 SAXON BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **MARINOV, LAVOR**
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

ROMAN SLIPATCHUK

Date

Daytime Phone #

CR2E034 (9/01)