

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087781

1. Entity Name

INK CART.NET, INC.

FILED 090800

00 SEP 27 PM 4:36

Principal Place of Business

3854 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

3854 TAMiami TRAIL
PORT CHARLOTTE FL 33952

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3890 TAMiami TRAIL

3. Mailing Address

3890 TAMiami TRAIL

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

City & State

4. FEI Number

65-0965036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLIPATCHUK, ROMAN
3854 TAMiami TRAIL
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

25157 LAHORE LANE

City

PUNTA GORDA

FL

Zip Code

33983

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 SLIPATCHUK, ROMAN
STREET ADDRESS 25157 LAHORE LANE
CITY-ST-ZIP PUNTA GORDA FL 33983

☐ Delete

TITLE D
NAME SLIPATCHUK, KATHERINE
STREET ADDRESS 25157 LAHORE LANE
CITY-ST-ZIP PUNTA GORDA FL 33983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME 900003420619-4
STREET ADDRESS -10/10/00--01075--018
CITY-ST-ZIP ****400.00 ****400.00

☒ Change ☐ Addition

TITLE S
NAME 900003420619-4
STREET ADDRESS -10/10/00--01075--017
CITY-ST-ZIP ****150.00 ****150.00

☒ Change ☐ Addition

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

☐ Change ☒ Addition

TITLE D
NAME LAUR MARINO V
STREET ADDRESS 674 Saxon
CITY-ST-ZIP DELTONA, FL 32725

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)