

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096814

1. Entity Name
PROFESSIONAL SCREEN PRINTING, INC.

Principal Place of Business
4208 W. CLEVELAND STREET
TAMPA FL 33609

Mailing Address
4208 W. CLEVELAND STREET
TAMPA FL 33609

2. Principal Place of Business
1345 W. GRAY ST.
Suite, Apt. #, etc.

3. Mailing Address
1345 W. GRAY ST.
Suite, Apt. #, etc.

City & State
TAMPA FLORIDA
Zip Country
33606 USA

City & State
TAMPA FL
Zip Country
33606 USA

4. FEI Number 59-3617713

Applied For
Not Applicable

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

HOLCOMB, VICTOR W.
415 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

* ADDRESS CHANGE

HOLCOMB, VICTOR W.
106 SOUTH TAMPA AVENUE
SUITE 200
TAMPA, FL 33609

813-874-8800

8. The above
SIGNATURE

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
NAME D HALL, JEFFREY ☒ Delete
STREET ADDRESS 4208 W. CLEVELAND STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE
NAME VICE PRESIDENT/G.M. ☒ Change ☐ Addition
STREET ADDRESS JEFFREY D. HALL
CITY-ST-ZIP 1345 W. GRAY ST
TAMPA, FL 33606

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PRESIDENT/SALES ☐ Change ☒ Addition
STREET ADDRESS GILBERT GISPERT
CITY-ST-ZIP 1345 W. GRAY ST
TAMPA, FL 33606

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TREASURER/PRODUCTION MGR ☐ Change ☒ Addition
STREET ADDRESS DUANE CARMELO
CITY-ST-ZIP 1345 W. GRAY ST
TAMPA, FL 33606

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 813-258-4433

Date Daytime Phone #

FILED

01 FEB 16 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

129101 90131005 \$158.15

DO NOT WRITE IN THIS SPACE

CR25034 (10/00)