

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37046

1. Entity Name

FAST EDDIE'S QUICK PRINT, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 034 ***150.00

Principal Place of Business

Mailing Address

325 S. ORLANDO AVE
STE 1-17
WINTER PARK FL 32789
US

714 WILSON RD
WINTER SPRINGS FL 32708-3807

2. Principal Place of Business

3. Mailing Address

325 S. ORLANDO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1-17

City & State

City & State

WINTER PARK FL 32789

Zip

Country

Zip

Country

4. FEI Number

59-3050881

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

HERSCH, LAWRENCE
714 WILSON RD
WINTER SPRINGS FL 32708

Name

MAURICE E. SILVA

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

125 CARRIDGE HILL DR.

City

CASSELBORN

FL

Zip Code

32707

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

Maurice E. Silva
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-17-00

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, 2000 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 P
NAME HERSCH, LAWRENCE
STREET ADDRESS 714 WILSON ROAD
CITY-ST-ZIP WINTER SPRINGS FL

☒ Delete

TITLE PRESIDENT
NAME MAURICE E. SILVA
STREET ADDRESS 125 CARRIDGE HILL DR.
CITY-ST-ZIP CASSELBORN FL 32707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Maurice E. Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

(407) 628-3833

Daytime Phone #

CR2E034 (9/99)