

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # S67083

1. Entity Name

MIKE'S FINE PRINT, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90004 022 \*\*\*150.00

Principal Place of Business      Mailing Address  
 % MICHAEL PUZANSKAS      % MICHAEL PUZANSKAS  
 7165 ULMERTON RD      7165 ULMERTON RD  
 LARGO FL 33771      LARGO FL 33771-4820  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3083285**      Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

SIZEMORE, J. R.  
 1515 LIME ST  
 SUITE 6  
 CLEARWATER FL 33756

## 7. Name and Address of New Registered Agent

Name **Patrick W. Robson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**205 - 150th Av.**

City **Madeira Beach**      FL      Zip Code **33708**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/16/00**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PUZANSKAS, MICHAEL</b> <b>7165 ULMERTON RD S6</b> <b>LARGO FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>PUZANSKAS, ELIZABETH</b> <b>7165 ULMERTON RD S6</b> <b>LARGO FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/00**  
 Date

**(727) 530-4555**  
 Daytime Phone #

CR2E034 (9/99)