

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79715

1. Entity Name

PRINT-MECH, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90121 024 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 4699
SANFORD FL 32772-4699
US

P.O. BOX 4699
SANFORD FL 32772-4699
US

2. Principal Place of Business

3. Mailing Address

1505 PINE WAY

1505 PINE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SANFORD, FL

SANFORD, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3083256

Applied For

Not Applicable

Zip

32773

Country

~~SEATTLE~~ ^{US}

Zip

32773

Country

~~SEATTLE~~ ^{US}

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

THOMPSON, MARILYN B

1505 PINE WAY

SANFORD FL 32772-32773

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

Marilyn B. Thompson, Agent, MARILYN B. THOMPSON, April 17, 2000

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, 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 | P THOMPSON, MARILYN B. 1505 PINE WAY SANFORD FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Marilyn B. Thompson, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17/00
407-323-5023