

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07655

1. Entity Name

IMPRINTABLES INTERNATIONAL, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90032 002 ***150.00

Principal Place of Business

Mailing Address

3049 DRANE FIELD RD
UNIT 8
LAKELAND FL 33881
US

12647 US HWY
HUDSON FL 34667
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

59-3111787

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

EGAN, STEPHEN M.
12647 US HWY 19
HUDSON FL 34667

Name

Stephen M. Egan

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

3049 Drane Field Rd.

Unit #8

City

Lakeland

FL

Zip Code
33811

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

Stephen M. Egan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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 DPT ☐ Delete
NAME EGAN, STEPHEN M.
STREET ADDRESS 12647 US HWY 19
CITY-ST-ZIP HUDSON FL 34667

TITLE DPT ☒ Change ☐ Addition
NAME Stephen M. Egan
STREET ADDRESS 1112 Vinetree Dr.
CITY-ST-ZIP Brandon, FL 33570

TITLE DSPV ☐ Delete
NAME DELLIVENIRI, BRENDA
STREET ADDRESS 12647 US HWY 19
CITY-ST-ZIP HUDSON FL 34667

TITLE DSPV ☒ Change ☐ Addition
NAME Brenda Delliveniri
STREET ADDRESS 3499 Casa Ct.
CITY-ST-ZIP Spring Hill, FL 34607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Brenda Delliveniri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

352-592-0804

Daytime Phone #

CR2E034 (9/99)