

DOCUMENT # V46926

**PRONTO PRINT INC.**

**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90100 003 \*\*\*150.00

6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	DATE	TIME	STATUS
D			<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	STELLA, MARY
STREET ADDRESS	6578 HIGHLAND PINES CIRCLE
CITY - ST - ZIP	FT. MYERS FL 33912

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	STELLA, NICK	
STREET ADDRESS	6578 HIGHLAND PINES CIRCLE	
CITY - ST - ZIP	FT MYERS FL 33912	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick Stella

4/14/00 (941) 561-2345

Val

Daytime Phone #

CR2E034 (9/99)