2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # V67772 May 05, 2000 8:00 am Secretary of State LARGO SILKSCREEN EXPRESS, INC. 05-05-2000 90074 032 ***150.00 Mailing Address Principal Place of Business 13091 92ND STREET NORTH 13091 92ND STREET NORTH LARGO FL 33760-2710 LARGO FL 33773 HS 3. Mailing Address 2. Principal Place of Business STREET NORTH 14411 GOTH STREET NORTH 14411 60TH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3144063 CLEARWATER Not Applicable EARWATER Country \$8.75 Additional 5. Certificate of Status Desired 33760 Fee Required 33160 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDER WESLEY, DAVID S. Street Address (P.O. Box Number is Not Acceptable) 13091 92ND STREET, NORTH **LARGO FL 33773** North 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. PLIEDER SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 7775 **DPS** ☐ Delete TITLE **X** Change Addition TITLE JACK FRIEDER-14411 GOTH STREET NORTH FRIEDER, JACK NAME NAME STREET ADDRESS STREET ADDRESS 13091 92ND STREET, NORTH CITY-ST-ZIP CLEARWATER. CITY-ST-7IP LARGO FL 33773 **⊠** Delete ☐ Change ☐ Addition TITLE TITLE NAME WESLEY, DAVID S STREET ADDRESS STREET ADDRESS 13091 92ND STREET, NORTH CITY-ST-ZIP CITY-ST-ZIP Largo fl ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 100 ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.