

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90867 025 ***150.00

NA7734A AV

DOCUMENT # P01000033159

1. Entity Name
LABELS & MORE, INC.

Principal Place of Business

**3949 EVANS AVE., #205
 FT. MYERS, FL 33901**

Mailing Address

**3949 EVANS AVE., #205
 FT. MYERS FL 33901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 SANTA BARBARA BLD. N.

Suite, Apt. #, etc.
CAPE CORAL

City & State
FLORIDA

Zip
33993

Country
US

3. Mailing Address

P.O. BOX 6596

Suite, Apt. #, etc.
FT. MYERS

City & State
FLORIDA

Zip
33911

Country
US

4. FEI Number

65-1108808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUMMINELLO, VINCENT
 3949 EVANS AVE., #205
 FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

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

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, 2002 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TUMMINELLO, VINCENT 3949 EVANS AVE., #205 FT. MYERS FL 33901 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VINCENT Tumminello 3225 SANTA BARBARA BLD. NORTH CAPE CORAL, FL. 33993 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: Vincent Tumminello **VINCENT Tumminello** 429-02 339-542-9802
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)