2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # J11081** 1. Entity Name E & S PRINTING, INC. 01-24-2000 90012 005 ***150.00 Principal Place of Business Mailing Address 742 US HWY #1 742 US HWY #1 STE 6 STF 6 NORTH PALM BCH FL 33408-4410 N. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2667841 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLTON, BRIAN Street Address (P.O. Box Number is Not Acceptable) 16612 128TH TERRACE NORTH JUPITER FL 33478 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Addition ☐ Delete TITLE GALUSKA, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 295 CHERRY ST 33410 CITY-ST-ZIP CITY-ST-ZIP PALM BCH GRDNS FL Addition ☐ Change TITLE ☐ Delete TITLE NAME CARLTON, BRIAN NAME STREET ADDRESS 16612 128TH TR NORTH STREET ADDRESS 33478 CITY-ST-ZIP CITY-ST-ZIP Jupiter FL ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR