

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 049 ***150.00

DOCUMENT # J12/61

1. Entity Name
Vowell's Printing Services, Inc.
Northside



54056602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1231 Tamara Dr.
Suite, Apt. #, etc.

3. Mailing Address
1231 Tamara Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola, FL

Zip
32504

Country
USA

City & State
Pensacola, FL

Zip
32504

Country
USA

4. FEI Number
59-267-1557

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Rcy Vowell

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

3035 Windermere

City
Pensacola FL Zip Code
32503

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia L. Vowell

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Michael O. Vowell</u> <u>1231 Tamara</u> <u>Pensacola, FL 32504</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec 1 Treasurer</u> <u>Cynthia L. Vowell</u> <u>1231 Tamara</u> <u>Pensacola FL 32504</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L. Vowell Cynthia L. Vowell 5-27-04 950-255-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3392

CR2E034B (12/02)

Attachment

54056602

J/2161

Finally I
received this
form! First
go round I
need not record.
I recorded yesterday
and the env. was
damaged. I am
sorry I didn't get
the form sooner.
Cind. Vowell