

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90113 018 ***150.00

DOCUMENT # P000000088012
1. Entity Name
 PRINT HEADQUARTERS INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3 CEANW CT
 Suite, Apt. #, etc.

3. Mailing Address
 3 CEANW CT
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040082 Applied For
 Not Applicable

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

City & State PALM BEACH GARDENS, FL **City & State** PALM BEACH GARDENS, FL

Zip 33418 **Country** USA **Zip** 33418 **Country** USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DONNA BLANK

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

City PALM BEACH GARDENS **FL** **Zip Code** 33418

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)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Blank **4/8/02** **772-286-2812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)