

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 029 ***150.00

0499234 AN

DOCUMENT # P97000018756

1. Entity Name
GRAPHIC ARTS QUALITY PRINTING, INC.



Principal Place of Business
**10911 ENDEAVOR WAY
LARGO FL 33777-1683
US**

Mailing Address
**10911 ENDEAVOUR WAY
LARGO FL 33777-1638
US**



2. Principal Place of Business

**10921 Endeavor Way
Suite, Apt. #, etc.
Unit 3
City & State
Largo, FL**

3. Mailing Address

**10921 Endeavor Way
Suite, Apt. #, etc.
Unit 3
City & State
Largo, FL**

☐ CHECK HERE IF MAKING CHANGES

Zip **33777** Country

Zip **33777** Country

4. FEI Number **59-3429813**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN RIPER, DONALD
17624 DANSVILLE DR
SPRING HILL FL 34610**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **EVANS, GORDON**
STREET ADDRESS **3720 14TH AVENUE S.E.**
CITY-ST-ZIP **LARGO FL 34643**

TITLE **D** ☐ Delete
NAME **VAN RIPER, DONALD**
STREET ADDRESS **17624 DANSVILLE DR**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33777**

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GORDON S EVANS** 4/28/03 (727) 548-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 10/02