

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J47719

**Entity Name:** UES GRAPHIC SERVICES, INC.

**Current Principal Place of Business:**

814 BEACH TRAIL  
UNIT C  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

PO BOX 1018  
INDIAN ROCKS BEACH, FL 33785 US

**FEI Number: 59-2742589**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDREWS, PAMELA  
814 BEACH TRAIL UNIT C  
INDIAN ROCKS BEACH, FL 33785 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name ANDREWS, WILLIAM H.  
Address PO BOX 1018  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title VPS  
Name ANDREWS, PAMELA  
Address PO BOX 1018  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAMELA ANDREWS**

**OFFICER**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date