

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 193432

**FILED**  
**Jun 21, 2012**  
**Secretary of State**

**Entity Name:** SOUTHSIDE BLUEPRINT SERVICE INC

**Current Principal Place of Business:**

1024 KINGS AVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10493  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 59-0770448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCKER, JAMES A.  
SOUTHSIDE BLUEPRINT SERVICE, INC.  
1024 KINGS AVENUE  
JACKSONVILLE, FL 32207 US

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

MCDOWELL, MIKE  
SOUTHSIDE BLUEPRINT SERVICE, INC.  
1024 KINGS AVENUE  
JACKSONVILLE, FL 32207 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: MIKE MCDOWELL

06/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CB  
Name: MCDOWELL, MIKE  
Address: 1234 LAKEWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: ST  
Name: COLBERT, RALPH C. JR  
Address: 3924 MISSION DR  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: MCDOWELL, ROBERT ALLEN  
Address: 1234 LAKEWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL

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: MIKE MCDOWELL

CB

06/21/2012

Electronic Signature of Signing Officer or Director

Date