2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

525661

1. Entity Name

BRESLIN REPRODUCTION SERVICE, INC.



FILED ar 17, 2003 8:00 am ecretary of State	,,
03-17-2003 91090 033 ***150.00	٧A

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOAYTONA BEACH FL 32117 ST BRESUN, WILLIAM H 919 NO BEACH ST DAYTONA BCH, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	Driedlin Hel Hebberheit Schweit, Inte.												
Suite, Apt. # etc. Check Here in Making Changes Country Zip Country Zip Country Se. To Additional Se. To Additional Text Applicable Se. Cartificate of Status Desired Se. To Additional Text Applicable Se. Cartificate of Status Desired Se. To Additional Text Applicable Se. Cartificate of Status Desired Se. To Additional Text Applicable Se. To Additional Text Applicable Se. To Additional Text Applicable Se. Cartificate of Status Desired Se. To Additional Text Applicable Se. To Additional Text Applicable Se. To Additional Se.	919 NO BEACH ST 919 NO BEACH ST				2117								
Chy & State	2. Principal Place of Business			3. Mailing Address									
Special Country Zp Country Special Count	Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name NEW A. SCE V.M. Syear Address of New Registered Agent Syear Addres	City & Stat	е	City 8	City & State									}
CHANFRAU, PHILIP J JR 701 N PENINSULA DRIVE DAYTONA BCH FL 32018	Zip	Country	Zip		Coun	try		5. Ce	tificate of Status Desired]
CHANFRAU, PHILIP J JR 701 N PENINSULA DRIVE DAYTONA BCH FL 32018 CINDATURE Syeal*Address (FIC-D Bax humings is Na) Acceptables CINDATURA B. 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 chipqatons of registered gaps. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SIRES ADDRESS 91 NO BEACH ST 001**51-72P THE MAKE SIRES ADDRESS 01**51-72P THE Delete THE DAYTONA BEACH, FLORIDA 32.117 Change Addition WARE SIFET ADDRESS 01**51-72P THE Delete THE Delet		6. Name and Address of Currer	t Registered	l Agent				7. Na	ne and Address of New R	egistered /	gent]
701 N PENINSULA ORIVE DAYTONA BCH FL 32018 CIND SEACH ST. CI		11 - DUN 110 - 1 - 10	·					F					
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered signer. SIGNATURE Submit from the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered signer. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11. TITLE PART DEVELOPMENT OF THE NAME SITE ADDRESS OF THE PAYABLE OF						Street A 919	ddress (P.C	BE/	Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	DAYTONA	BCH FL 32018				Cin					l Zin Co	.do	-
SIGNATURE Signature Signature Signature Signature of agent active of agent active of agent active of agent active of	•						XYTO	VA	BEACH	FL	133	77	
Make Check Payable to Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00		cable. (NOTE:	Registered	d Agent signat	ure required wh	en reinst	9. Election Campaign Fin	ancing _			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Make Check	Payable to Florida Department	of State	_	•								
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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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wi	th this filing o		NAME STREI CITY-	ET ADDRESS -ST-ZIP	ted in Secti	on 110	9.07(3)(i), Florida Statutes	further cer		Addition	

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:

Date

Daytime Phone #