

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90057 032 ***150.00

DOCUMENT # 558816

1. Entity Name
IPS INSTANT PRINTING SERVICES, INC.



Principal Place of Business
118001 31ST CT N
SAINT PETERSBURG FL 33716
US

Mailing Address
118001 31ST CT N
SAINT PETERSBURG FL 33716
US

2. Principal Place of Business

11801 31st Court N.

Suite, Apt. #, etc.

St Petersburg

City & State

3. Mailing Address

11801 31st Court N

Suite, Apt. #, etc.

City & State

Zip

33716

Country

Penellas

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1799179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, DANNY LEE
574 CRYSTAL DRIVE
MADERIA BEACH FL 33708

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PST** ☐ Delete
NAME **CONROY, DANNY LEE**
STREET ADDRESS **574 CRYSTAL DRIVE**
CITY-ST-ZIP **MADERIA BEACH FL 33708**

TITLE **VP** ☐ Delete
NAME **CONROY, PATRICIA A**
STREET ADDRESS **574 CRYSTAL DRIVE**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E034 (10/02)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY L. CONROY

1-8-03

727-546-8036

Date

Daytime Phone #