2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

848442 DOCUMENT

1. Entity Name

HOWARD IMPRINTING MACHINE CO.



FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90137 031 ***150.00

TITLE MAME MAME MAME MAME MAME MAME MAME MA						OO WE THE						
Suite, Apt. 4, etc. City & State Country Countr	5013 TAMPA PO BOX 1503	WEST BLVD 27	5013 PO 8	5013 TAMPA WEST BLVD PO BOX 15027			- 					
Cry & State City & State Country Count	2. Principal	Place of Business	3. Ma	3. Mailing Address			-	(0)				
Zip Country Zip Country S. Certificate of Satus Desired S8.75 Additional Fee Register S9.75 Addi	Suite, Ap	t. #, etc.	Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
So Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above named entry submits in a stetement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with and accept more obligations of registered agent, or both, in the State of Flonda. I am familiar with and accept more obligations of registered agent. SIGNATURE Signature, Typo of prices care of agents and the Association (PCRE Registered Agent sociation in the District Registered agent and the Association (PCRE Registered Agent sociation in the District Registered agent and the Association (PCRE Registered Agent sociation in the State of Flonda. I am familiar with and accept more obligations of registered agent, or both, in the State of Flonda. I am familiar with and accept more obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After Registered Agent sociation of registered agent and the Association (PCRE Registered Agent sociation in the International Control of the International Con	City & Sta	ate	Cit	City & State			4. FEI Number 36-2999171					
AMAINES P. WROBBEL Street Address of New Registered Agent Amaine	Zip					Country		5. Certificate of Status Desired			\$8.75 Additional	
JAMES P. WROBBEL 5013 TAMPA WEST BLVD. TAMPA FL 33634 City FL Zip Code 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 obligations of registered agent. SIGNATURE 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 DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 WROBBEL JAMES P. Addition WROBBEL JAMES P. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 WROBBEL JAMES P. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 WROBBEL JAMES P. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 WROBBEL JAMES P. OFFICERS AND DIFFECTORS IN 11 ITLE WROBBEL JAMES P. ORDINARY WEST BLVD. TAMPA P. T. 33624 UTV. 51.72 TAMPA P. T.		Name and Addres	s of Current Register	ed Agent	<u>- </u>		7. Name a	nd Address of New				
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TAMPA FL 33634 City FL Zip Code	JAMES P.											
6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE	5013 TAM	IPA WEST BLVD.		Street Addre			s (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or printed name of registered agent and 156 if applicable. (NOTE, Registered Agent signature required when resistating) DATE	8. The above	e named entity submits this	statement for the num	oso of obonoine its	rogistered of	C				Ш		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: