

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91200 031 ***150.00

DOCUMENT # F02000002877

1. Entity Name
PRINTEGRA CORPORATION



Principal Place of Business
400 WESTPARK COURT, SUITE 100
PEACHTREE CITY GA 30269

Mailing Address
400 WESTPARK COURT, SUITE 100
PEACHTREE CITY GA 30269

2. Principal Place of Business
403 WESTPARK CT, STE A

3. Mailing Address
PO BOX 2347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEACHTREE CITY GA

City & State
PEACHTREE CITY GA

Zip
30269

Country
USA

Zip
30269

Country
USA

4. FEI Number **04-3672563**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **GARY OCHSENHIRT**
Street Address (P.O. Box Number is Not Acceptable) **4100 ST. JOHNS PKWY**
City **SANFORD** **FL** **Zip Code** **32771-6628**

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

4-17-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **CAMPBELL, CASEY T**
STREET ADDRESS **403 WESTPARK COURT, SUITE 100 A**
CITY-ST-ZIP **PEACHTREE CITY GA 30269**

TITLE **ST** ☐ **Delete**
NAME **EVANS, CHARLES M JR.**
STREET ADDRESS **403 WESTPARK COURT, SUITE 100 A**
CITY-ST-ZIP **PEACHTREE CITY GA 30269**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

4-14-03 (800) 422 6070

CR2E034 (10/02)