

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90115 015 ***158.75

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1. Entity Name

TREND OFFSET PRINTING SERVICES, INC.



Principal Place of Business

10301 BUSCH DR. NORTH
JACKSONVILLE FL 32218

Mailing Address

10301 BUSCH DR. NORTH
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0165444

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE FL 32204

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME LIENAU, ANTHONY
STREET ADDRESS 40138 LAKE VIEW DR.
CITY-ST-ZIP BIG BEAR CA 92315

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

TITLE D ☐ Delete
NAME HANDGIS, JORGE
STREET ADDRESS 78-120 HOLUA RD.
CITY-ST-ZIP KAILUA-KONA HI 96740

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

TITLE P ☐ Delete
NAME NELSON, TODD
STREET ADDRESS 19635 LARCHMONT CIRCLE
CITY-ST-ZIP HUNTINGTON BEACH CA 92648

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

TITLE S ☐ Delete
NAME AHMED, MUNIR
STREET ADDRESS 3791 CATALINA ST.
CITY-ST-ZIP LOS ALAMITOS CA 90720

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

TITLE T ☐ Delete
NAME DAVIS, JIM
STREET ADDRESS 3791 CATALINA ST.
CITY-ST-ZIP LOS ALAMITOS CA 90720

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

TITLE D ☐ Delete
NAME FINIE, PAUL
STREET ADDRESS 2323 MCDANIEL DR.
CITY-ST-ZIP CARROLLTON TX 75006

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 of Paul Finie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

(562) 936-4015
Daytime Phone #

CR2E034 (10/02)