2002 UNIFORM BUSINESS REPORT (UBR)

Jul 11, 2002 8:00 am Secretary of State F95000002597 DOCUMENT # 1. Entity Name 07-11-2002 90243 020 ***150.00 U.S. PRINTING, INC. Principal Place of Business Mailing Address DATTOOOT 11000 METRO PKWY 11000 METRO PKWY SHITE 25 SUITE 25 FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3501063 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOVING, JOHN Street Address (P.O. Box Number is Not Acceptable) 11000 METRO PKWY, SUITE 25 FORT MYERS FL 33912 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **CPS** Addition TITLE ☐ Delete Change HOVING, KAREN NAME 11000 METRO PKWY, SUITE 25 STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP TITLE VT Delete TITLE ☐ Change Addition NAME HOVING, JOHN NAME 11000 METRO PKWY, SUITE 25 STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

1660 Hoving

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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

DIDIIII Alachment ##95-00.0002577

SERVICE PRINTING

To whom at may soncern

I just received this UBR form in the mail today The in the first time I received Am form Auryear IP you look at my post Distory you will see Det I always paid it on time. Please accept Au 4/50 dollar Derk while to the sugenal amount due of I would vaie received du or time

Ancerely John Horing