

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000001129

FILED  
Aug 20, 2003  
Secretary of State

Entity Name: EDGE PRINTING CONSULTANTS, INC.

## Current Principal Place of Business:

96 WEST BAY DRIVE  
COCOA BEACH, FL 32931

## New Principal Place of Business:

1835 MINUTEMAN CAUSEWAY  
#104  
COCOA BEACH, FL 32931

## Current Mailing Address:

96 WEST BAY DRIVE  
COCOA BEACH, FL 32931

## New Mailing Address:

1835 MINUTEMAN CAUSEWAY  
#104  
COCOA BEACH, FL 32931

FEI Number: 57-1037697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIESMAN, JAMES A  
96 WEST BAY DRIVE  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

SPIESMAN, ALISON S  
1835 MINUTEMAN CAUSEWAY  
#104  
COCOA BEACH, FL 32931 US

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.

SIGNATURE: ALISON S. SPIESMAN

08/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P (X) Delete  
Name: SPIESMAN, JAMES A  
Address: 96 WEST BAY DR.  
City-St-Zip: COCOA BEACH, FL 32931

Title: ST ( ) Delete  
Name: SPIESMAN, ALISON S  
Address: 96 WEST BAY DR.  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PSTD (X) Change ( ) Addition  
Name: SPIESMAN, ALISON S  
Address: 1835 MINUTEMAN CAUSEWAY #104  
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON S. SPIESMAN

PSTD

08/20/2003

Electronic Signature of Signing Officer or Director

Date