

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90205 033 ***150.00

DOCUMENT # H56334

1. Entity Name
IMPRESSION TECHNOLOGY, INC.



Principal Place of Business
285 NORTH DRIVE
SUITE F
MELBOURNE FL 32934
US

Mailing Address
285 NORTH DRIVE
SUITE F
MELBOURNE FL 32934
US

2. Principal Place of Business
295 North Drive

3. Mailing Address
295 North Drive

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

City & State

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-2525738**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELEY, EDMOND
111 S. SCOTT ST.
MELBOURNE FL 32901

***address update/change**

Name

Street Address (P.O. Box Number is Not Acceptable)
4479 N US 1 Suite B

City

Melbourne

FL

Zip Code
32935

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **PRICE, FRANKLIN A.**
STREET ADDRESS **1702 TRIMBLE RD.**
CITY-ST-ZIP **MELBOURNE FL**

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 REQUIRED
Franklin A. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/03 321 254-8700

Date

Daytime Phone #

CR2E034 (10/02)