

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90079 001 ***150.00

DOCUMENT # K03888

1. Entity Name
FLORIDA PRINTING OFFICE, INC.



Principal Place of Business
**640 E. OCEAN AVE., #12
BOYNTON BEACH FL 33435**

Mailing Address
**640 E. OCEAN AVE., #12
BOYNTON BEACH FL 33435**



2. Principal Place of Business

609 N. Railroad Ave

Suite, Apt. #, etc.

3. Mailing Address

609 N. Railroad Ave

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach

City & State

Boynton Beach, FL

4. FEI Number **65-0028419**

Applied For
Not Applicable

Zip

Country

FL 33435 USA

Zip

Country

33435 USA

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

**AHO, JOHN
PADGETT BUSINESS SERVICES
640 E. OCEAN AVE., #8
BOYNTON BEACH FL 33435**

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 **P** ☐ Delete
NAME **STROM, GENEVA**
STREET ADDRESS **1326 LAKE ERIE DR**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **ST** ☐ Delete
NAME **STROM, GENEVA**
STREET ADDRESS **1326 LAKE ERIE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

561-732-2388

Daytime Phone #

CR2E034 (10/02)