

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 019 ***150.00

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DOCUMENT # K05733

1. Entity Name
ED VANCE PRINTING CO., INC.



Principal Place of Business
**6101 JOHNS RD
SUITE 4
TAMPA FL 33634
US**

Mailing Address
**6101 JOHNS RD
SUITE 4
TAMPA FL 33634
US**



2. Principal Place of Business
15425 Brushwood Dr.

3. Mailing Address
15425 Brushwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number **59-2860991**

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
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

**YORK, EDGAR V., III
6101 JOHNS RD
SUITE 4
TAMPA FL 33634**

Name **York, EDGAR, III**
Street Address (P.O. Box Number is Not Acceptable)
15425 Brushwood Dr
City **TAMPA** FL Zip Code **33624**

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 **Joe S. York**

DATE **4/28/03**

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 **PT** ☐ Delete
NAME **YORK, EDGAR V., III**
STREET ADDRESS **15425 BRUSHWOOD DR.**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **VS** ☐ Delete
NAME **YORK, JILL S.**
STREET ADDRESS **15425 BRUSHWOOD DR.**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED**

DATE **4/28/03**

DAYTIME PHONE # **813-679-4642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)