FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am³ Secretary of State **DOCUMENT # K95929** 1. Entity Name 05-16-2001 90098 012 ***150.00 PALM PRINTING OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 3921 SW ST LUCIE LANE 3921 SW ST LUCIE LANE PALM CITY FL 34990 PALM CITY FL 34990 118 HS 2. Principal Place of Business 572 Sw Pine Tree 3. Mailing Address 57a Sw ine Trea Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2958030 Applied For Kalm City Halm City Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34990 **3499**0 Martin Martin Fee Required -- 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANCURA, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 3921 SW ST LUCIE LANE PALM CITY FL 34990 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. SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) :9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 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 X Change THILE AND THE PTD TITLE ☐ Addition ☐ Delete NAME VANCURA, PATRICK J NAME 572 Sw Pine Tree lane STREET ADDRESS STREET ADDRESS 3331 S.W. 42ND AVENUE CITY-ST-ZIP CITY-ST-ZIP Palm City, FL 34990 PALM CITY FL 34990 Change ☐ Addition TITLE ☐ Delete TITLE NAME VANCURA, CHERYL A NAME STREET ADDRESS 3331 S.W. 42ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition - 🔲 · Delete TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Decreta SIGNATURE TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS

CITY - ST - ZIP

561-221-4904

☐ Change

CR2E034 (10/00)

☐ Addition