

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90085 042 ***150.00

DOCUMENT # L62705

1. Entity Name
POST PRINTING COMPANY OF JACKSONVILLE

| | |
|---|---|
| Principal Place of Business 2000 CORPORATE SQUARE BLVD UNIT 4 JACKSONVILLE FL 32216 US | Mailing Address 2000 CORPORATE SQUARE BLVD UNIT 4 JACKSONVILLE FL 32216 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|---------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3002022 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75. Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent BARRY B ANSBACHER STE 2450 RIVERPLACE TOWER 1301 RIVERPLACE BLVD JACKSONVILLE FL 32207 | | | | 7. Name and Address of New Registered Agent Name LAWRENCE R. REICH Street Address (P.O. Box Number is Not Acceptable) 2000 Corporate Square Boulevard Unit 4 City Jacksonville FL Zip Code 32216 | | | |
|---|--|--|--|---|--|--|--|

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 **LAWRENCE R. REICH, Vice President** DATE **4/19/02**
Signature, typed or 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 Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT REICH, ANNETTE G. 12231 DIVIDING OAKS TRAIL, E. JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS REICH, LAWRENCE R. 12231 DIVIDING OAKS TRAIL, E. JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: **ANNETTE REICH, President** 4/19/2002 (904) 723-5964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)