2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62729 May 20, 2000 8:00 am Secretary of State PRESNELL GRAPHICS, INC. 05-20-2000 90007 042 ***150.00 Principal Place of Business Mailing Address 432 S DIXIE HWY 432 S DIXIE HWY POMPANO BCH FL 33060-7804 POMPANO BCH FL 33060 00031553 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0186912 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RESWEU PRESNELL, EDWARD Street Address (P.O. Box Number is Not Acceptable) RAMBURY DrWE 2650 NE 49TH ST LIGHTHOUSE POINT FL 33064 HORLDA 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be_ 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESNELL VIVGINIA TITLE Delete NAME NAME PRESNELL, VIRGINIA 11592 PLAMBLING DrIVE EAST STREET ADDRESS STREET ADDRESS 2650 NE 49TH STREET CITY-ST-ZIP WELLINGTON PC. 33441 CITY-ST-ZIP LIGHTHOUSE PT FL ☐ Delete TITLE PRESNELL Edward PRESNELL, EDWARD NAME 11592 RAMBLING DRIVE CAST STREET ADDRESS STREET ADDRESS 2650 NE 49TH ST CITY-ST-7/P CITY-ST-ZIP WELL NSTON FL LIGHTHOUSE PT FL ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.T7-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.