2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90267 015 ***150.00

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DOCUMENT # P00000001339

1. Entity Name
ABOVE & BEYOND REPROGRAPHICS, INC.

Principal Place of Business	Mailing Address
2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409

2. Principal Place of Business	3. Mailing Address
2161 Palm Beach Lakes	2161 Palm Beach Lakes Blvd.
Suite, Apt. #, etc. #412	Suite, Apt. #, etc. Suite 412
City & State West Palm Beach, fl	City & State West Palm Beach, fl
Zip / Country 33409 / US-A	Zip / Country 33409 / US-A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0971362 ☐ Applied For ☐ Not Applicable

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
TRUE, DAVID R 2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	Name: David R. TRue Street Address (P.O. Box Number is Not Acceptable): 2161 Palm Beach Lakes Blvd Suite 412 City: West Palm Beach FL Zip Code: 33409

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: David R True 4/14/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VALLE, DEBRA S 2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Valle, DeBRa 2161 Palm Beach Lakes Blvd Suite 412 West Palm Beach, fl 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUE, DAVID R 2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRue, David 2161 Palm Beach Lakes Blvd Suite 412 West Palm Beach, fl 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HOPKINS, JOHN C 2054 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Hopkins, John 2161 Palm Beach Lakes Blvd Suite 41 West Palm Beach, fl 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Debra Valle President 4/8/03 5614784774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #