## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P00000020825

1. Entity Name

BRICK CITY PRINTER SERVICES, INC.



**FILED** Apr 28, 2003 8:00 am } Secretary of State

04-28-2003 90504 016 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4. FEI Number 59-3628128   Applied For Not App	Principal Place of Business 316 NORTH MAGNOLIA AVE OCALA FL 34475		316 NORT	Mailing Address 316 NORTH MAGNOLIA AVE OCALA FL 34475			1			
City & State  City & State  City & State  City & State  4. FEI Number 59-3628128  Applied For Not Applicable  State 59-3628128  Applied For Not Applicable  State 59-3628128  Applied For Not Applicable  State 59-3628128  State 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  AVERY, DEBRA 316 NORTH MAGNOLIA AVE  OCALA FL 34475  City  FL  Zip Code  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  Signature. Syed or private name of registered agent and title if applicable.  (NOTE Registered Agent signature required when relatating)  After May 1, 2003-Fee will be \$550.00  Make Check Payable to Florida Department of State  10. Sy OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  AVERY, DEBRA L  STREET ADDRESS 0CALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  TITLE  V Delete  ITILE  V Delete  TITLE  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  TITLE  OCALA FL 34475  CITY ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY ST-ZIP  OCALA FL 34475  CITY-ST-ZIP  OCALA FL 34475  CITY ST-ZIP  OCALA FL 34475  CITY ST-ZIP  OCALA FL 34475  CITY ST-ZIP  OCALA FL 34475	2. Principal P	Place of Business	3. Mailing	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
AVERY, DEBRA 316 NORTH MAGNOLIA AVE OCALA FL 34475  Signature. Typed or glented name of registered agent with a papicable.  Note Applicable.  (NOTE. Registered Agent signature required when reinstating)  PillE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. *** OFFICERS AND DIRECTORS IN 11  TITLE NAME AVERY, DEBRA  316 NORTH MAGNOLIA AVE OCALA FL 34475  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  FL  Signature. Typed or glented name of registered agent.  (NOTE. Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. *** OFFICERS AND DIRECTORS IN 11  TITLE NAME AVERY, DEBRA L STREET ADDRESS CITY-ST-ZIP  TITLE V   Delete	Suite, Apt.	#, etc.	Suite, Ap							
Size Country  Country  5. Certificate of Status Desired Fee Required  Name  AVERY, DEBRA 316 NORTH MAGNOLIA AVE OCALA FL 34475  City  FL  Zip Code  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  AVERY, DEBRA L  316 NAMAGNOLIA AVE OCALA FL 34475  OCALA FL 34475  TITLE  V  Delete  ITTLE  OCHange Additional Fee Required  F. Name and Address of New Registered Agent Fee Required  To Name and Address of New Registered Agent  Foundation of New Registered Agent  Fee Required  That May 1, 2003 Fee will a 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.  FILE NOW!!!  FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  AVERY, DEBRA L  316 N MAGNOLIA AVE  OCALA FL 34475  OCALA FL 34475  OCALA FL 34475  TITLE  V  Delete  TITLE  OCALA FL 34475	City & State	e	City & St				FEI Number <b>59-3628128</b>		· ·	7
AVERY, DEBRA 316 NORTH MAGNOLIA AVE OCALA FL 34475  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  AVERY, DEBRA  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Vinote: Registered agent, or both, in the State of Florida. I am familiar with, and accept agent.  P. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Added to Fees  TITLE  AVERY, DEBRA L  STREET ADDRESS CITY-ST-ZIP  OCALA FL 34475  TITLE  V Delete  TITLE  V Delete  TITLE  Addition  Addition  Addition  Change Addition	Zip	Zip Country		Zip Countr		5. (	5. Certificate of Status Desired \$8.75 Ad		dditional	1
AVERY, DEBRA 316 NORTH MAGNOLIA AVE OCALA FL 34475  City  City  FL  Zip Code  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    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.		6. Name and Address of Curre	nt Registered A	gent		7. N	Name and Address of New Register	ed Agent		1
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signature, typed or givined name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  PLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  AVERY, DEBRA L  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  V Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  OCALA FL 34475  CITY-ST-ZIP  Change  Addition  Addition		And the second of the second o	Transferred Transferred	بسيجاني برنهاه دنية بساهيماه	Name	Name				
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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.

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