

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 002 ***150.00

DOCUMENT # P00000025629

1. Entity Name

NATIONAL PRINTING & GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1024 ANDREA WAY

Suite, Apt. #, etc.

3. Mailing Address

1024 ANDREA WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59- 3746056

Applied For
Not Applicable

Zip
32259

Country
UNITED STATES

Zip
32259

Country
UNITED STATES

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

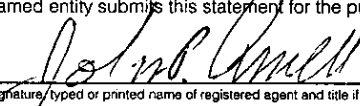
7. Name and Address of Current Registered Agent

Name **JOHN P. AMELL**

Street Address (P.O. Box Number is Not Acceptable)
1024 ANDREA WAY

City **JACKSONVILLE** **FL** **Zip Code** **32259**

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 
Signature/typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DSVP**
NAME **AMELL, JOHN P.**
STREET ADDRESS **1024 ANDREA WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT**
NAME **AMELL, CZARINA**
STREET ADDRESS **1024 ANDREA WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. AMELL

Date

Daytime Phone #

3/29/02

(904) 241-2533

CR2E034B (12/01)