## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90135 002 \*\*\*150.00

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DOCUMENT	#	P0000002562	<b>2</b> Q
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1. Entity Name

373.0			<u> </u>	)	0110200290133	130.00
LAM	PIONAL PRINTING &	GRAPHICS, INC	·			
The or the					·	
	DO NOT WRITE	IN THIS S	PAC	<b>:</b> E	,	
			or the state of			
•	Place of Business	3. Mailing Address				
	1024 ANDREA WAY 1024 ANDREA WAY					
Suite, Apt	i. #, eic.	Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE
City & State City & State		<del></del>	4. FEI Number	Applied For		
	NVILLE, FL				59- 3746056	Not Applicable
32259	Country UNITED STATES	32259	Country UNITED STATES		5. Certificate of Status Desired	\$8.75 Additional Fee Required
800 500		All the state of the state of the	and the		7. Name and Address of Current Register	
Marin of the same			erib e A	. Name_ JOHI	N P. AMELL	
ale the	DO NOT W	KII E		Street Address (F	O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	. A .	1024 ANDI	REA WAY	
	and a comment of the first					
	N.			City JACKS	ONVILLE F	L 25259
8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florida.	
	1 - Las Clare	2//				
SIGNATURE	Signature/typed or printed name of registered agent a	nd title if applicable (NOT	F: Banistera	d Agent signature required	when reinstating) DATE	
	<del></del>	January 1 - N			DATE	
	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1. Fee l	s \$550.00.	10. Election Campaign Financing	\$5.00 May Be
	eria on back)	Make Check Payat	d UBR ( de to De	s \$61.25,	Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND (		man de la companya d La companya de la companya de	STATE OF THE STATE		
TITLE	DSVP		TITLE	<b>建设有效的</b>		Both Williams
NAME STREET ADDRESS	AMELL, JOHN P. 1024 ANDREA WAY		*NAMI	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILEE, FL	32259	1000	ST-ZIP		The section of the se
TITLE	PT PT	<u> </u>	TITLE	Alexander (Alexander)		
NAME	AMELL, CZARINA		NAM!	de la maria	Asserted the management of	
STREET ADDRESS	1024 ANDREA WAY		1 K. E	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL	32259	2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SJ-ZIP.		Alter value of
TITLE NAME			2.0.29	A	angun germerakan di	
STREET ADDRESS			5.2	ET ADDRESS		
CITY-ST-ZIP			100	ST-ZIP <sub>lent</sub>		ITE:
TITLE			TITLE		IN THIS SPA	ČE:
NAME				AND DO	IN THIS SEA	UE:
STREET ADDRESS CITY-ST-ZIP			1000 20	T AUDRESS ST-Zip		
TITLE			TITLE	A CONTRACTOR OF THE MANAGEMENT OF		Company Company
NAME	·		NAME	· 经人员 1966年度表示各种的	grand the constitution of	And the second
STREET ADDRESS			A	TADDRESS		
CITY-ST-ZIP			CITY-	ST-ZIP		
TITLE			·,TITLE			
NAME STREET ADDRESS			NAME	T ADDRESS	A CONTRACTOR OF THE CONTRACTOR	

13. I hereby certify that the information supplied with this filling 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 the empowered.

CITY-ST-ZIP 🕦

JOHN P. AMELL

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

(904) 241-2533

Daytime Phone #

CR2E034B (12