

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

DOCUMENT # P00000025629

1. Entity Name

NATIONAL PRINTING & GRAPHICS INC



FILED

03 DEC 17 PM 4:11.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1024 ANDREA WAY

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

REINSTATEMENT 03

City & State
JACKSONVILLE FL

City & State

4. FEI Number
59-3746056

Applied For
Not Applicable

Zip
32259

Country
DUVAL

Zip

Country

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

**DO NOT WRITE
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. 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)

DATE

600025565166
12/17/03--01070--010 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
JOHN P AMELL
1024 ANDREA WAY
JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PT
CZARINA AMELL
1024 ANDREA WAY
JACKSONVILLE FL 32259

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

JOHN P AMELL DIRECTOR

12/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

NATIONAL PRINTING & GRAPHICS, INC.
1024 ANDREA WAY
JACKSONVILLE, FLORIDA 32259

December 15, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314

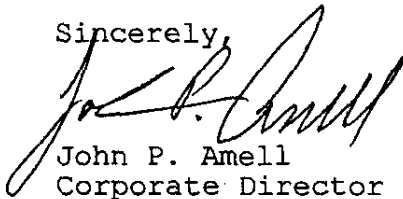
Re: Application for Reinstatement
Document #P00000025629

Dear Sir and/or Madam:

I am submitting your 2003 Profit Uniform Business Report along with full payment. I am requesting you consider the following two factors as grounds for abatement of the penalties due to your reasonable cause and due diligence criteria. We did not receive any earlier notification for the Uniform Business Report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings.

Thank you for your prompt attention and consideration to this matter.

Sincerely,



John P. Amell
Corporate Director