FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P00000076925 1. Entity Name 04-09-2002 90068 034 ***150.00 THE PRINT CENTER, INC. Principal Place of Business Mailing Address 1503 S. MCCALL ROAD 1503 S. MCCALL ROAD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address W Michigan Aue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 407 City & State City & State 4. FEI Number Applied For 65-1042244 <u>Battle Creek</u> Michigan Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 49017 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARX, DON Street Address (P.O. Box Number is Not Acceptable) 1503 S. MCCALL ROAD -ENGLEWOOD FL 34223 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ■ Delete Change ☐ Addition TITLE NAME Marx, Kathie NAME STREET ADDRESS STREET ADDRESS P.O. BOX 42 CITY-ST-7IP CITY-ST-ZIP PLACIDA FL 33946 President TITLE ☐ Delete TITLE Change ☐ Addition Marx, Donald G NAME Marx, Donald G NAME STREET ADDRESS P.O. BOX 42 STREET ADDRESS 422 Community Drive CITY-ST-7IP CITY-ST-ZIP Battle Creek mi 49014 PLACIDA FL 33946 🗖 Deletė TITLE TITLE Change Addition NAME METZGER. JOHN M NAME STREET ADDRESS 280 E COWLES STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRESLER, AARON L NAME STREET ADDRESS STREET ADDRESS P26 ROUTE 4 CITY-ST-ZIP CITY-ST-ZIP LAKE LOTAWANA MO 64086 TITLE ☐ Delete ☐ Addition JITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other

04-01-02

Date