

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116593

1. Entity Name
ZENPRINT, INC.

Principal Place of Business Mailing Address
2830 NW 41ST ST STE D 2830 NW 41ST ST STE D
GAINESVILLE FL 32606 GAINESVILLE FL 32606

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3691191 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DOUNSON, STELLI
3962 NW 29TH LANE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Munnis, Stelli
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.

SIGNATURE [Signature] DATE 1/7/02
(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 D
NAME DOUNSON, STELLI
STREET ADDRESS 3962 NW 29TH LANE D
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D
NAME MUNNIS, R. JEFF
STREET ADDRESS 3962 NW 29TH LANE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M
NAME MUNNIS, STELLI
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/7/02 352-377-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90009 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)