

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000117836**

1. Entity Name

PRESS PRODUCTS GROUP, INC.

FILED

02 OCT 11 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
602 NORTH G STREET STE C
LAKE WORTH FL 33334Mailing Address
602 NORTH G STREET STE C
LAKE WORTH FL 33334

2. Principal Place of Business

4316 Hunting Trail

Suite, Apt. #, etc.

3. Mailing Address

4316 Hunting Trail

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

14-1849506 **APPLIED FOR**

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

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

6. Name and Address of Current Registered Agent

BOWEN, MARK D ESO.

STEARN, WEAVER, MILLER, ALDAHEFF & SITTERS

200 EAST BROWARD BLVD STE 1900

FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	PETERSON, AIMEE	
STREET ADDRESS	602 NORTH G STREET STE C	
CITY-ST-ZIP	LAKE WORTH FL 33334	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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: *Aimee Peterson* 9/12/02 (561) 433-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #