

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90310 043 \*\*\*150.00

**DOCUMENT # P01000003624**

**1. Entity Name**  
**DIGITAL PRINTING SOLUTIONS INC.**

**Principal Place of Business**      **Mailing Address**  
~~5338 TANGERINE AVE~~ **3500 ALOHA AVE**      ~~5338 TANGERINE AVE~~ **3500 ALOHA AVE**  
**# W-15**      **# W-15**  
**WINTER PARK FL 32792**      **WINTER PARK FL 32792**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** **59-3608718**      **Applied For**  
☐ **Not Applicable**

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

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SUTTON, MICHELE</b>		Name	
<b>5338 TANGERINE AVE</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>WINTER PARK FL 32792</b>		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** \_\_\_\_\_ (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 \$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**

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>D/P</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>SUTTON, MICHELE</b>	<b>TITLE</b> <b>D/V.P./S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> <b>TERRY SUTTON</b>
<b>STREET ADDRESS</b> <b>5338 TANGERINE AVE</b>	<b>CITY-ST-ZIP</b> <b>WINTER PARK FL 32792</b>	<b>STREET ADDRESS</b> <b>5338 TANGERINE AVE.</b>	<b>CITY-ST-ZIP</b> <b>WINTER PARK, FL 32792</b>
<b>TITLE</b> <b>D/V.P./S.</b> <input type="checkbox"/> Delete	<b>NAME</b> <b>TERRY SUTTON</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>5338 TANGERINE AVE</b>	<b>CITY-ST-ZIP</b> <b>WINTER PARK, FL 32792</b>	<b>STREET ADDRESS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 an officer like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **7/11/02** **Date** **Daytime Phone #**

CR2E034 (9/01)