**FILED** 

UNIFORM BUSINESS REPORT (UBR)					Apr 25, 2003 8:00 am			
DOCUMENT # P01000073776  1. Entity Name BELSER BUSINESS FORMS, INC.					Secretary of State 04-25-2003 90487 001 *****8.75 04-25-2003 90487 002 ***150.00			
3345 KEATING ROAD 334		Mailing Address 3345 KEATING ROAD PENSACOLA FL 32504						
2. Principal Place of Business 510 Knowles And 5 Ame 510 K				Aur		<b>60</b> (1131   1884		
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State Pensacola FL		City & State Pensacok			59-373 1647 Applied For Not Applicable			
7io	32503 Country VS A-	<sup>Zip</sup> 32503	Country USA	5		8.75 Add	ditional	
	6. Name and Address of Current Ro	egistered Agent		7	. Name and Address of New Registered A			
BELSER, GENE L II					3g . 4			
3345 KEATING ROAD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32504								
			City		FL	Zip Code	e	
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  FILE NOW!!! FEE IS \$150.00  After-May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5,00 May Be								
Make Check	Payable to Florida Department of S		<b></b>		Trust Fund Contribution.		to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM BELSER, KAREN D 3345 KEATING ROAD PENSACOLA FL 32504	RECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND E	DIRECTORS  Change	S IN 11	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	VSD BELSER, GENE L II 3345 KEATING ROAD PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Delete and was	NAME STREET ADDRESS CITY-ST-ZIP		***	- Change -	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	signature shall have	the sam	n 119.07(3)(i), Florida Statutes. I further certif e legal effect as if made under oath; that I am orida Statutes; and that my name appears in I	an officer	or director	

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR