FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90067 026 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074367

1. Entity Name
XPRESS IT OFFICE PRODUCTS, INC.

Principal Place of Business	Mailing Address
15 SPYGLASS LN. PONTE VEDRA BEACH, FL 32082	15 SPYGLASS LN. PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business	3. Mailing Address
4104 LENOX AVE.	3904 ST. JOHNS AVE.
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32254 Country: USA	Zip: 32205 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3734479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHIGO, JOYCE A
15 SPYGLASS LANE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3904 ST. JOHNS AVE.
City JACKSONVILLE FL Zip Code 32205

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 Joyce A. Shigo 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SHIGO, JOYCE A ~~15 SPYGLASS LANE~~ ~~PONTE VEDRA BEACH, FL 32082~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3904 ST. JOHNS AVE. JACKSONVILLE, FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce A. Shigo 4/23/03 813-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #