FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91832 024 ***150.00

80108876

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075913

1. Entity Name
PRESS EX, INC.

Principal Place of Business	Mailing Address
5777 MYERLAKE CIRCLE CLEARWATER, FL 33760	5777 MYERLAKE CIRCLE CLEARWATER, FL 33760

	2. Principal Place of Business	3. Mailing Address
Street	8601 SOMERSET DR	8601 SOMERSET DR
Suite, Apt. #, etc.	SUITE B	SUITE B
City & State	LARGO FL	LARGO, FL
Zip	33773	33773
Country	USA	USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3689397 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GABAY, JANELLE
5777 MYERLAKE CIRCLE
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8601-B SOMERSET DRIVE

City LARGO FL Zip Code 33773

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

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	D GABAY, JANELLE 5777 MYERLAKE CIRCLE CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8601-B SOMERSET DRIVE LARGO, FL 33773	☒ 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: Janelle Gabay 4/29/03 727-536-6558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #