2003 FOR PROFIT CORPORATION

P02000099349

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



May 02, 2003 8:00 am Secretary of State 05-02-2003 90414 012 ***150.00

GULF COAST PRINTING SOLUTIONS INC.								
Principal Place of Business 108 23RD AVENUE ST. PETERSBURG BEACH FL 33706		Mailing Address 108 23RD AVENUE ST. PETERSBURG BEACH FL 33706						
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Principal Place of Business 3. Mailing Address						# (#11# 10### (1)## 1		
Suite, Apt. #, etc. Suite,			uite, Apt. #, etc.		-			
5.5.5, ypt. 1) 505.		Suito, rept. a, cic.	33.0, 19.1.1, 30.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		·	4. FEI Number 73 - 1658744		oplied For ot Applicable	
Zip	Country	Zíp	Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registere	d Agent		
ICHDV DI	EGISTERED AGENTS INC.	المرازينية والمهادة	1	Vame	Jeffrey J. Parker			
	3 AVENUE		5	•	(P.O. Box Number is Not Acceptable)	-1 - 1 -		
SUITE 401					1240 Darlington Oak-Circle, NE St. Petersburg, FL 33703			
MIAMI FL 33129				 Dity	Federaburg, FE 3370.		e	
		t for the purpose of changi	ng its registered o	office or register	red agent, or both, in the State of Florida. I ar		and accept	
the obliga	tions of registered agent.	9			ule	-11		
SIGNATURE	Signature, typed or print and name of registered ag	ent and title if applicable.	(NOTE: Registered Ag	ent signature required	d when reinstating) DATE	3/*3		
È	TLE NOWLY FEE IS \$150.00							
Afte	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	1			Election Campaign Financing Trust Fund Contribution.		May Be d to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HELLIER, DAVID 108 23RD AVENUE ST. PETERSBURG BEACH FL (☐ Delete	TITLE NAME STREET A CITY-ST-			∑ Change	☐ Addition	
TITLE	Mary T	. Delete	TITLE	VPST	ID .	☐ Change	Addition	
NAME STREET ADDRESS			NAME	Jeff	frey J. Parker	1. TO		
STREET ADDRESS CITY-ST-ZIP			STREET A		O Darlington Oak Circle Petersburg, FL 33703	NE	{	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME	DDDCCD		•	}	
STREET ADDRESS CITY=ST-ZIP ~		للان المعطوطية المحادو بالعارات والم	STREET A	,	المنظوم مستومدي المداري المارية الموادر المارية	, <u></u>		
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME	D00500				
STREET ADDRESS City-ST-ZIP			STREET A					
TITLE	<u> </u>	☐ Delete	TITLE		······································	☐ Change	Addition	
NAME			NAME				Ì	
STREET ADDRESS CITY-ST-ZIP			STREET AL		,		ļ	
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NAME			NAME	_		-	}	
STREET ADDRESS CITY-ST-ZIP			STREET AL					

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 appother like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR