

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061917  
 1. Entity Name  
 FIRST IMPRESSIONS PRINTING & COMMUNICATIONS, INC

Principal Place of Business  
 530 S. CR 427, STE 100  
 108  
 LONGWOOD FL 32750  
 US

Mailing Address  
 530 S. CR 427 STE 100  
 108  
 LONGWOOD FL 32750

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country  
 Zip      Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country

4. FEI Number 59-3204148  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent  
 WILLIAMS, STEPHEN L  
 518 ORANGE DRIVE  
 ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent  
 Name: DEBORAH J. WILLIAMS  
 Street Address (P.O. Box Number is Not Acceptable)  
 940 Douglas Ave. #196  
 City: Altamonte Spgs, FL Zip 32714

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 *Stephen L. Williams* (Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 7/24/02

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MPT	WILLIAMS, STEPHEN L	518 ORANGE DRIVE	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete	MPT	WILLIAMS, Stephen L	940 Douglas Ave #196	Altamonte Spgs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVS	WILLIAMS, STEPHEN L	518 ORANGE DRIVE	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete	DVS	DEBORAH J. Williams	940 Douglas Ave. #196	Altamonte Spgs, FL. 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 all other like empowered.

SIGNATURE: *STEPHEN L. WILLIAMS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02 Date 407-740-4080 Daytime Phone #