FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043659

1. Entity Name
G.S. PRESS, INC.

90123476

Principal Place of Business	Mailing Address
500 W CYPRESS CREEK RD #430 FORT LAUDERDALE, FL 33309 US	PO BOX 420977 SUMMERLAND KEY, FL 33042 US

2. Principal Place of Business	3. Mailing Address
2502 SW National Circle	2502 SW National Circle
Suite, Apt. #, etc.: Port ST LUCIE	Suite, Apt. #, etc.:
City & State: FL	City & State: PT ST LUCIE FL
Zip: 34953 Country:	Zip: 34953 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0507701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAHN, ROBERT M 8211 W. BROWARD BLVD. PENTHOUSE 4 PLANTATION, FL 33324	Name: EUGENIE PENCE Street Address (P.O. Box Number is Not Acceptable): 2502 SW NATIONAL CIRCLE City: PT ST LUCIE FL Zip Code: 34953

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: Eugenie J Pence   DATE: 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 VANDENHURK, JANICE RR 2 BOX 94-A2 EDWARDS, MO 65326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST PENCE, EUGENIE 2502 SW NATIONAL CIRCLE PT ST LUCIE FL 34953	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PENCE, EUGENE J 4410 MARRS WAY LAKE WORTH, FL 33463	☑ 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
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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: Eugenie J Pence — EUGENIE J. PENCE   4-25-03   954-675-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #