2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000011200

1. Entity Name

ELECTRONIC PRINTING SERVICES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90068 004 ***150.00

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BROWN, S L 12424 BRAXTED DRIVE ORLANDO FL 32837 After above named entity submits this statement for the purpose of changing its log stered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered spent. City FL Zip Code	Zip	Country	Country Zip				Not Applicable
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12424 BRAXTED DRIVE ORLANDO FL 32837 City FL Zip Code			it negistered Agent	Name	7. Name and Address of New	v Registered Agent	
ORLANDO FL 32837 City FL Zip Code 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STRET ADDRESS CITY-S1-ZP OR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D BROWN, S L 12424 BRAXTED DRIVE ORLANDO FL 32837 TILE NAME STRET ADDRESS CITY-S1-ZP ORLANDO FL 32837 TILE NAME STRET ADDRESS CITY-S1-ZP TILE NAME STRET ADDRESS STRET ADDRESS CITY-S1-ZP TILE NAME STRET ADDRESS STRET ADDRESS CITY-S1-ZP TILE NAME STRET ADDRESS STRET ADDRE	1	-		0			
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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 of the corporation or the receiver or trustee empowered execute this report as required by Chapter 607. Florida Statutes and that I am an officer or director changed, or on an attachment with readers.	indicated or	n this report or supplemental report is the second of the supplemental report is the second of the s	his filing does not qualify for t rue and accurate and that m	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes, I	further certify that the in	nformation
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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, o	r on an attachment with an address,	verento execute this report a	s required by Chapter 607	, Florida Statutes; and that my name	ath; that I am an officer appears in Block 10 or	or director Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR