

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000036694

FILED
Apr 27, 2003
Secretary of State

Entity Name: SUPERIOR COPIER SERVICE, INC.

Current Principal Place of Business:

8802 CORPORATE SQUARE CT
SUITE 301
JACKSONVILLE, FL 32216

New Principal Place of Business:

8802 CORPORATE SQUARE CT
SUITE 101
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 19794
JACKSONVILLE, FL 322459794

New Mailing Address:

FEI Number: 59-3374792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, G W
2346 KANAKA DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: MARTIN, SHERRY L
Address: 2346 KANAKA DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: PT () Delete
Name: MARTIN, G. WARREN
Address: 2346 KANAKA DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L. MARTIN

V

04/27/2003

Electronic Signature of Signing Officer or Director

_____ Date