2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 14, 2002 8:00 am P96000102921 DOCUMENT # **Secretary of State** 1. Entity Name ADR PRINTING, INC. 03-14-2002 90061 017 ***150.00 Principal Place of Business Mailing Address 1118 EDGEWOOD AVE S 1118 EDGEWOOD AVE S JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3415169 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. _ 6. Name and Address of Current Registered Agent Rudkin, Angela RUDKIN, ANGELA D Street Address (P.O. Box Number is Not Acceptable) 1227 FOXMEADOW TRAIL MIDDLEBURG FL 32068 1116 Edgewood Ave South Jacksonville 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. SIÖNATURE Angela D. Rudkin, CEO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete Same title Change TITLE SAME NAME RUDKIN, ANGELA D NAME Jacksonville, FL 32205 7 address NAME 1227 FOXMEADOW TRAIL STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP same title ☐ Delete TITLE TITLE same name RUDKIN, ANGELA D NAME NAME 1116 Edgewood Ave South 1227 FOXMEADOW TRAIL STREET ADDRESS STREET ADDRESS Jacksonville, FC 32205 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 Change Addition ☐ Delete JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED