

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-19-2002 90146 005 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000303

1. Entity Name
HORTICULTURAL PRINTERS-FLORIDA, INC.

Principal Place of Business
919 ALEXANDER AVENUE
PORT ORANGE FL 32119

Mailing Address
919 ALEXANDER AVENUE
PORT ORANGE FL 32119

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3638 EXECUTIVE BLVD.

City & State
Mesquite, TX

4. FEI Number 75-1793260
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
GROOMS, ROBERT W
919 ALEXANDER AVE
SUITE 7
PORT ORANGE FL 32119

7. Name and Address of New Registered Agent
Name Larry King
Street Address (P.O. Box Number is Not Acceptable)
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* AEO DATE 8-27-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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	DP GROOMS, ROBERT W 919 ALEXANDER AVENUE PORT ORANGE FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KING, LARRY C 3638 EXECUTIVE BLVD. MESQUITE TX 75149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 bills like empowered.

SIGNATURE: *[Signature]* DATE 8-27-02 DAYTIME PHONE 912-289-0105

CR2E034 (4/02)