FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 29, 2002 8:00 am Secretary of State DOCUMENT # P97000003050 1. Entity Name 03-29-2002 91398 033 \*\*\*150 00 COMMUNITY PRINTING, INC. Principal Place of Business Mailing Address 2070 6TH AVE. 2070 6TH AVE. VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 910 OLD DIVIE HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 5 City & State 4. FEI Number Applied For 65-0720522 <u>vero</u> beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUMANN, MARK K Street Address (P.O. Box Number is Not Acceptable) 2070 6TH AVE. VERO BEACH FL 32960 HWY. OLO DIXIE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Change Addition TITLE ☐ Delete TITLE SCHUMANN, MARK K NAME STREET ADDRESS 941 OYSTER SHELL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change TITLE ☐ Delete TITLE Addition NAME SCHUMANN, SANDRA L NAME STREET ADDRESS STREET ADDRESS 941 OYSTER SHELL LANE CITY-ST-ZIP\_\_\_ CITY-ST-ZIP VERO BEACH FL-32960 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Schumann