2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90242 032 ***150.00

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DOCUMENT # P99000001089

1. Entity Name
IMPRESS DESIGN, INC.

Principal Place of Business	Mailing Address
224 DRIFTWOOD LANE HARBOUR BLUFFS, FL 33770-2602	224 DRIFTWOOD LANE HARBOUR BLUFFS, FL 33770-2602

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2713 Via Murano	2713 Via Murano
Suite, Apt. #, etc.: Apt #238	Suite, Apt. #, etc.: Apt #238
City & State: Clearwater FL	City & State: Clearwater, FL
Zip: 33764 Country: USA	Zip: 33764 Country: USA

4. FEI Number: 65-0884422 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDST NAME: ABHYANKAR, SUNIL J STREET ADDRESS: 343 ALMERIA AVENUE CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: P NAME: Sunil J. Abhyankar STREET ADDRESS: 224 Driftwood Lane CITY-ST-ZIP: Largo, FL 33770	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VST NAME: Anjani S. Abhyankar STREET ADDRESS: 224 Driftwood Lane CITY-ST-ZIP: Largo, FL 33770	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 04/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)