2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000025301

DOCUMENT #



FILED Mar 19, 2003 8:00 am Secretary of State

| RAPID P | RINT, INC. | | | 03-19-2003 90169 038 ***150.00 | | | |
|---|---|---|--|---|--------------------|---------------------------|---------------------------|
| Principal Place of Business 1420 WELLINGTON COURT CAPE CORAL FL 33904 Mailing Address 1,420.WELLINGTON COURT CAPE CORAL FL 33904 | | | T | | | | |
| 2. Principal Place of Pusiness (37) PLOS: DENTIFICATION 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State City & State | | | | 4. FEI Number 65-0905171 | 007(8(0)17:1 | | plied For t Applicable |
| ²ⁱ 5 339 | | ΖĬρ | Country | 5. Certificate of Status Desired | | 75 Add Required | |
| | 6. Name and Address of Current R | legistered Agent | | 7. Name and Address of New F | legistered Ager | ıt · | |
| ODIFOCE & LITTEDA DA | | | | Name | | | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE | | | Street Address | dress (P.O. Box Number is Not Acceptable) | | | |
| CORAL GABLES FL 33134 | | | | | | | |
| | 6. • | | City | | FL | Zip Code | • |
| the obligation | e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an | | registered office or regist | | orida. I am famili | ar with, a | and accept |
| 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 \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. | OFFICERS AND D | IRECTORS | 11. | ADDITIONS/CHANGES TO OFF | ICERS AND DIR | ECTORS | IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GRUBER, JAMES E SR. 1420 WELLINGTON COURT CAPE CORAL FL 33904 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD GRUBER, JUDITH A 1420 WELLINGTON COURT CAPE CORAL FL 33904 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | ☐ Addition |
| TITLE NAME Street address City-St-Zip | VP GRUBER, JAY 1509 SE 11 AVE CAPE CORAL FL 33990 | ☐ 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | orani orani e de d | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c | ertify that the information supplied with the | ☐ Delete is filling does not qualify for t | TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in Se | ection 119.07(3)(i), Florida Statutes 1 | | Change | ☐ Addition |

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empowered.

SIGNATURE:

RVAMES ENBER