2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90479 032 ***150.00

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DOCUMENT # S26427

1. Entity Name
LABEL SYSTEMS INTERNATIONAL, INC.

60023169

Principal Place of Business	Mailing Address
155 INTERNATIONAL GOLF PKWY ST. AUGUSTINE FL 32095 US	155 INTERNATIONAL GOLF PKWY ST. AUGUSTINE FL 32095 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3043572 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRANT, WILLIAM H III
859 PARK AVENUE
SUITE 104
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name TOLSON, JOHN F., JR.
Street Address (P.O. Box Number is Not Acceptable) 462 KINGSLEY AVE., SUITE 101
City ORANGE PARK FL Zip Code 32073

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] JOHN F. TOLSON JR 4/4/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARNARD, JOHN 2377 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MIKE BARNARD 3820 WEST GLENDALE CT. JACKSONVILLE, FL 32259	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILLHOUSE, TERRY 2922 AMELLIA DRIVE JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COPELAND, WARNER 100 BRACKEN COURT JACKSONVILLE FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO COPELAND, DONALD J 2889 SOUTH PONTE VERDA BEACH PONTE VERDA BEACH FL 32089	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO D COPELAND, DONALD J 2889 SOUTH PONTE VEDRA BEACH PONTE VEDRA BEACH, FL 32089	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~MIKE BARNARD~~ ~~3820 WEST GLENDALE CT~~	☐ 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

CR2E034 (10/02)

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: [signature] REQUIRED M. TERRY HILLHOUSE 04-10-03 904-810-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #