## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S42954 DOCUMENT # 1. Entity Name 03-13-2003 90091 017 \*\*\*150 00 A-PLUS PRINTING & GRAPHIC CENTER, INC. Principal Place of Business Mailing Address 6561 NW 18TH STREET 6561 NW 18TH STREET PLANTATION FL 33313 PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0253001 Not Applicable Zip Country Zip 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 ERENS, RICHARD B Street Address (P.O. Box Number is Not Acceptable) **6561 NW 18TH COURT** LAUDERHILL FL 33311 Zip Code Plantation 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 ag SIGNATURE when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME ERENS, RICHARD B. NAME STREET ADDRESS 6561 NW 18TH COURT STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -- - - E Delete TITLE. Change ☐ Addition

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NAME

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CITY-ST-ZIP

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.

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition