2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

May 07, 2002 8:00 am Secretary of State S74866 DOCUMENT # 1. Entity Name REGNIER RIBBON CORPORATION 05-07-2002 90368 043 ***150.00 Principal Place of Business Mailing Address 1909 TOMAS DR. 1903 TOMAS DR. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-308 1934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGNIER EILEEN Street Address (P.O. Box Number is Not Acceptable) 1903 TOMAS DR. JACKSONVILLE FL 32225 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Addition CR2E034 (9/01) TITLE ☐ Delete REGNIER, RICKY A NAME STREET ADDRESS 1903 TOMAS DR. STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition DST ☐ Delete TITLE TITLE REGNIER, EILEEN NAME NAME STREET ADDRESS 1903 TOMAS DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED