2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

S78718 DOCUMENT #

1. Entity Name

GENCO PRESS, INC.

Principal Place of Business 11387-8 W. PALMETTO PARK RD **BOCA RATON FL 33428**

Mailing Address

11387-B W. PALMETTO PARK RD

BOCA RATON FL 33428 US 2. Principal Place of Business Mailing Address ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable \$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 MESSINA, JOHN Street Address (P.O. Box Number is Not Acceptable) 22314 BUSHING ST **BOCA RATON FL 33428** City Zip Code 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 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Delete NAME MESSINA, DOROTHY NAME 22314 Bushing St. BOCA RATON, Fl. 33428 STREET ADDRESS 23123 STATE RD 7 S105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE ☐ Delete TITLE 22314 BUSHING St. BOCA RATON, Fl. 3 NAME MESSINA, JOHN NAME STREET ADDRESS 23123 STATE RD 7 S105 STREET ADDRESS CITY-ST-7IP CITY_ST_7IP **BOCA RATON FL** TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach ment with an address, with all other like

SIGNATURE:

CR2E034 (10/02

FILED

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90950 018 ***150.00