2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31088

1. Entity Name

2. Principal Place of Business

Suite, Apt. # etc.

City & State

Zip

SIGNATURE



AUTOMATIC BUSINESS PRODUCTS COMPANY, INC. Principal Place of Business Mailing Address 1531 AIRWAY CIRCLE 1531 AIRWAY CIRCLE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

- W.

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90118 016 ***150.00

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FILED



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box

Fee Required 7. Name and Address of New Registered Agent

06-0846942

Name

Trust Fund Contribution.

FOOTE, R.W.

6. Name and Address of Current Registered Agent

1531 AIRWAY CIRCLE

NEW SMYRNA BEACH FL 32168

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept

Country

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Country

10.	OFFICERS AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS	D Delete FOOTE, RICHARD W. 1531 AIRWAY CIRCLE NEW SMYRNA BEACH FL	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 STY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND

☐ Delete

RICHARU W. FOOTE 1

☐ Change

■ Addition

CR2E034 (10/02)