2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 an
Secretary of State
02-04-2000 90044 038 ***150.00

DOCUMENT # 645040

1. Entity Name
COMMERCIAL GRAPHIC CENTER, INC.

Principal Place of Business	Mailing Address
927 LINCOLN AVE STUART FL 34994-3810 US	927 LINCOLN AVE STUART FL 34994-3810 US

DO NOT WRITE IN THIS SPACE

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 59-1944245 ☐ Applied F ☐ Not Appli

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

6. Name and Address of Current Registered Agent

BRETT, BRADFORD D.
1515 VENUS AVE
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 B R Brett VP 1/28/00 no change
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to F...

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ...	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRETT, BRAD 1515 VENUS AVE JUPITER, FL 0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRETT, ELIZABETH R 1515 VENUS AVENUE JUPITER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
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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 ... 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 ... 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B R Brett VP 1/28/00 ELIZABETH R BRETT VP 561 283-...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #