2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90013 040 ***150.00

DOCUMENT # P00000058547

1. Entity Name
DR SIGNATURE GRAPHICS, INC.

Principal Place of Business	Mailing Address
1525 S ANDREWS AVE. STE 216 FT LAUDERDALE FL 33316	1525 S ANDREWS AVE. STE 216 FT LAUDERDALE FL 33316

525911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4085 L. B. McLEOD RD	4085 L. B. McLEOD RD
Suite, Apt. #, etc. C	Suite, Apt. #, etc. C
City & State ORLANDO FL	City & State ORLANDO, FL
Zip 32811 Country USA	Zip 32811 Country USA

4. FEI Number 59-3655376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S ANDREWS AVE, STE 216
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name RAJESH LAXMAN
Street Address (P.O. Box Number is Not Acceptable)
4085 L.B. McLEOD RD, SUITE C
City ORLANDO **FL** Zip Code 32811

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] PRES. DATE 04-09-01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAXMAN, DEEPAK 3050 BUSINESS PARK DR, STE B NORCROSS GA 30071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~[illegible]~~ LAXMAN, DEEPAK 4085 L. B. McLEOD RD, SUITE C ORLANDO, FL 32811 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAXMAN, RAJESH 4085 L. B. McLEOD RD, ORLANDO, FL 32811. ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
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CR2E034 (10/00)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRES. 04-09-01 407 248-9250.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #