## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000018390 1. Entity Name GRADY GRAFX2 INK, INCORPORATED 05-13-2002 90200 003 \*\*\*150.00 Principal Place of Business Mailing Address 707 RIVER HEIGHTS AVE 707 RIVER HEIGHTS AVE 959148 **TAMPA FL 33603** TAMPA FL 33603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTHERLAND, JUDY G Street Address (P.O. Box Number is Not Acceptable) 707 RIVER HEIGHTS AVE **TAMPA FL 33603** 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME Sutherland, Judy G NAME STREET ADDRESS 707 RIVER HEIGHTS AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33603** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME PRICE, LORI K NAME STREET ADDRESS 707 RIVER HEIGHTS AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603 CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME

13. I hereby certify that the information supplied with this filling 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 required 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 attachm

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

CR2E034 (9/01)