

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

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90031 016 ***150.00

DOCUMENT # P95000063690

1. Entity Name

CF Graphics & Printing Supplies Inc.



DO NOT WRITE IN THIS SPACE

40098001

2. Principal Place of Business

5207 Renoir Drive

3. Mailing Address

5207 Renoir Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3330260

Applied For
Not Applicable

Zip
32818

Country
USA

Zip
32818

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name The Law Firm of Lawrence J Speigel Chrt'd.

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

643 Almeiria Avenue

City Coral Gable

FL

Zip Code
33134

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 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Kuenkele, William
5207 Renoir Drive, Orlando, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Maines, Marilyn
2500 Lee Road, Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Flores, Carmen
5207 Renoir Drive, Orlando, FL 32818

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NAME
STREET ADDRESS
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IN THIS SPACE**

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

SIGNATURE: *William R. Kuenkele*

William R Kuenkele

7/1/2006

407-521-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

40098001

#P95000063690

Date - July 3, 2006

TO WHOM IT MAY CONCERN:

WE JUST RECEIVED YOUR POST CARD ON THE ANNUAL REPORT OF DIVISION OF CORPORATIONS AND WENT TO YOUR WEBSITE TO GET THIS FORM AND WE NEVER RECEIVED THIS FORM IN THE MAIL. WE HAVE INCLUDED OUR CHECK NUMBER 17073 FOR \$150.00. I AM VERY SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED.

THANK YOU

William R. Venable