

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90019 014 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000045753
 1. Entity Name
SILICONE GRAPHICS & DESIGN, INC.

Principal Place of Business 8636 MIRAMAR BLVD MIRAMAR FL 33025	Mailing Address 8636 MIRAMAR BLVD MIRAMAR FL 33025-2006
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2. Principal Place of Business <i>100 E Linton Blvd</i>	3. Mailing Address
Suite, Apt. #, etc. <i>139A</i>	Suite, Apt. #, etc.
City & State <i>Delray Bch.</i>	City & State
Zip <i>33483</i>	Country
County <i>Palm Bch.</i>	

4. FEI Number 65-0673738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRUMMOND, COURTNEY
 8636 MIRAMAR BLVD
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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, 2000 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

TITLE	D <input type="checkbox"/> Delete
NAME	WELCH, RICHARD
STREET ADDRESS	8680 SW 212 ST APT 207
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	WELCH, TAMMY
STREET ADDRESS	8680 SW 212 ST APT 207
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, DEAN
STREET ADDRESS	8636 MIRAMAR BLVD
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, PHYLLIS
STREET ADDRESS	8636 MIRAMAR BLVD
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D <input type="checkbox"/> Delete
NAME	DRUMMOND, COURTNEY
STREET ADDRESS	5773 PEBBLE BROOK LANE
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D <input type="checkbox"/> Delete
NAME	DRUMMOND, KRISTEN
STREET ADDRESS	5773 PEBBLE BROOK LANE
CITY-ST-ZIP	BOYNTON BEACH FL 33437

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dea W Morris* **4/3/2000** **561-2431127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)