

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90004 009 \*\*\*550.00

**DOCUMENT # P97000013773**

1. Entity Name  
**WESS GRAPHICS, INC.**



Principal Place of Business: 416 S MILITARY TRAIL, DEERFIELD BEACH FL 33442, US  
 Mailing Address: 416 S MILITARY TRAIL, DEERFIELD BEACH FL 33442, US

UUU00000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business #168: 6574 N State Rd 7  
 Suite, Apt. #, etc.  
 3. Mailing Address #168: 6574 N State Rd 7  
 Suite, Apt. #, etc.

City & State: Coconut creek  
 City & State: Coconut creek  
 4. FEI Number: 65-0730723 Applied For: Not Applicable  
 Zip: 33073 Country: USA Zip: 33073 Country: USA  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FORBES, PHILIP H ESQ.**  
 11382 PROSPERITY FARMS ROAD  
 SUITE 227  
 PALM BEACH GARDENS FL 33410

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: \_\_\_\_\_  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARD, RONALD H	NAME	
STREET ADDRESS	6010 NW 69TH MANOR	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARD, SUSAN B	NAME	
STREET ADDRESS	6010 NW 69TH MANOR	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/28/00 Daytime Phone #: 884-340-2350

CR2E034 (5/00)