2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90053 001 ***158.75

DOCUMENT # P98000044683

1. Entity Name
ADVANTAGE GRAPHICS, INC.

Principal Place of Business	Mailing Address
14462 CYPRESS TRACE CT FT. MYERS FL 33919	14462 CYPRESS TRACE CT FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13300-56 S. Cleveland Ave		13300-56 S. Cleveland Ave	
Suite, Apt. #, etc. Suite #220		Suite, Apt. #, etc. Suite #220	
City & State Ft. myers, FL		City & State Ft. myers, FL	
Zip 33907	Country USA	Zip 33907	Country U.S.A.

4. FEI Number 65-0840260 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLROYD, ROBERT E
14462 CYPRESS TRACE CT
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name Holroyd, Robert E
Street Address (P.O. Box Number is Not Acceptable) 13300-56 S. Cleveland Ave
Suite #220
City Ft. myers FL Zip Code 33907

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] 1/29/01
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 $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	PVST HOLROYD, ROBERT E 14462 CYPRESS TRACE CT FT MYERS FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Holroyd, Robert E 13300-56 S. Cleveland Ave Suite #220 Ft. myers FL 33907 ☒ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 1/29/01 (941) 482-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)