2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
06-02-2003 90189 044 ***150.00

DOCUMENT # P98000044683

1. Entity Name
ADVANTAGE GRAPHICS, INC.

Principal Place of Business	Mailing Address
~~13300-56 SOUTH CLEVELAND AVENUE~~	~~13300-56 SOUTH CLEVELAND AVENUE~~
~~SUITE 220~~	~~SUITE 220~~
FORT MYERS FL 33907	FORT MYERS FL 33907

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2267 Ivy Avenue	2267 Ivy Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HOLROYD, ROBERT E	Name
~~13300-56 SOUTH CLEVELAND AVENUE~~	Street Address (P.O. Box Number is Not Acceptable) 2267 Ivy Avenue
~~SUITE 220~~	
FT. MYERS FL ~~33919~~	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PVST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HOLROYD, ROBERT E	NAME	
STREET ADDRESS	~~13300-56 SOUTH CLEVELAND AVENUE SUITE 220~~	STREET ADDRESS	2267 Ivy Avenue
CITY-ST-ZIP	FORT MYERS FL 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert E Holroyd — TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/29/03 Date   239 482 1222 Daytime Phone #