

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120653 AT

DOCUMENT # P98000104993

1. Entity Name

SECUGRAPHICS INTERNATIONAL, INC.



FILED  
SECRETARY OF STATE  
VISION OF CORPORATION

03 SEP 10 AM 11:59

Principal Place of Business

POST OFFICE BOX U

WHITE SPRINGS FL 32096

Mailing Address

POST OFFICE BOX U

WHITE SPRINGS FL 32096



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number 59-3544104

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6.-Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, EDWARD A  
CORNER CAMP ROAD & US 41  
WHITE SPRINGS FL 32096

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. 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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MILLER, EDWARD A  
CORNER CAP ROAD & US, P.O. BOX 487  
WHITE SPRINGS FL 32096 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700022932347  
09/10/03--01067--001 \*\*550.00 ☐ Change ☐ Addition

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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:

*Edward A. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

Date

Daytime Phone #

cell 734-649-3780  
386-397-1111

CR2E034 (4/03)