

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90074 050 ***150.00

DOCUMENT # F01000004514

1. Entity Name

COMMUNICATION GRAPHICS, INC.

Principal Place of Business

Mailing Address

**1765 N. JUPITER AVE.
 BROKEN ARROW OK 74012-1455**

**1765 N. JUPITER AVE.
 BROKEN ARROW OK 74012-1455**

2. Principal Place of Business

1765 N. Juniper Ave.

3. Mailing Address

1765 N. Juniper Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0950474

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

**LAWRENCE, RICK
 1037 MARINA DRIVE
 NORTH PALM BEACH FL 33408**

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 \$150.00
 After May 1, 2002 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 **PCD**
 STREET ADDRESS **LAWRANCE, RICHARD**
 CITY-ST-ZIP **1765 N. JUPITER AVE.
 BROKEN ARROW OK** ☐ Delete

TITLE
 NAME
 STREET ADDRESS **1765 N. Juniper Ave.** ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE
 NAME **VD**
 STREET ADDRESS **ALBRIGHT, DONNA**
 CITY-ST-ZIP **1765 N. JUPITER AVE.
 BROKEN ARROW OK** ☐ Delete

TITLE
 NAME
 STREET ADDRESS **1765 N. Juniper Ave.** ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE
 NAME **SD**
 STREET ADDRESS **RUSK, MATT**
 CITY-ST-ZIP **1765 N. JUPITER AVE.
 BROKEN ARROW OK** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME **SD**
 STREET ADDRESS **Nellis, Marc**
 CITY-ST-ZIP **1765 N. Juniper Ave.
 Broken Arrow, OK 74012** ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)