

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P980000108110

1. Entity Name

Omnigraphics International, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 11 PM 2:45

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4198 Losillias Drive

Suite, Apt. #, etc.

3. Mailing Address

4198 Losillias Drive

Suite, Apt. #, etc.

900015748979

04/11/03--01034--006 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarsota, Florida

Zip

34238

Country

USA

Zip

34238

Country

USA

FEI Number

650597336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Camille J. Iurillo, Esquire

Street Address (P.O. Box Number is Not Acceptable)

4301 Anchor Plaza Parkway, Suite 300

City Tampa

FL

Zip Code
33634

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)

4/4/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
Michael Maggio
4198 Losillias Drive
Sarasota, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
Nicole M. Maggio
4198 Losillias Drive
Sarasota, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 reports 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 on an attachment with an address, with all same like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941
4/2/03 927-5115

CR2E034B (12/02)