

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 137044

1. Entity Name

BIRMY GRAPHICS CORPORATION

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 040 ***550.00

Principal Place of Business

250 EAST DR.
SUITE H
WEST MELBOURNE FL 32904
US

Mailing Address

250 EAST DR.
SUITE H
WEST MELBOURNE FL 32934-9256
US

2. Principal Place of Business

4155 DOW ROAD.

3. Mailing Address

4155 DOW ROAD.

Suite, Apt. #, etc.

SUITE G

Suite, Apt. #, etc.

SUITE G

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

Country

32934

USA

Zip

Country

32934

USA

4. FEI Number

59-0164981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, JULIE GLOCKER ESQ.
1090 N. HIGHWAY A1A
SUITE B
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

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, 2000 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BIRMINGHAM, JOSEPH R | |
| STREET ADDRESS | 250 EAST DR., SUITE H | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BIRMINGHAM, EDWARD L, III | |
| STREET ADDRESS | 250 EAST DR, SUITE H | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4155 DOW ROAD, SUITE G | |
| STREET ADDRESS | MELBOURNE, FL 32934 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4155 DOW ROAD, SUITE G | |
| STREET ADDRESS | MELBOURNE, FL 32934 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-00

Date

321-768-6766

Daytime Phone #