

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90016 042 ***150.00

0029894 AV

DOCUMENT # 239977

1. Entity Name

WILLARD GRAPHICS, INC.

Principal Place of Business

**2999 N. W. 32ND AVENUE
 MIAMI FL 33142**

Mailing Address

**2999 N. W. 32ND AVENUE
 MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0916794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JOHNSON, SALLY
 2999 NW 32 AVE
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name

Philip Johnson

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

2999 NW 32 Ave

City

Miami

FL

Zip Code
33142

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 **Philip Johnson**

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

TITLE **DVP** ☐ Delete
 NAME **MAGUFFEY, RICHARD**
 STREET ADDRESS **2999 NW 32ND AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PTD** ☐ Delete
 NAME **JOHNSON, SALLY**
 STREET ADDRESS **2999 NW 32 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **JOHNSON, KEVIN**
 STREET ADDRESS **2999 NW 32 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
 NAME **SCHAEFER, LYNNE**
 STREET ADDRESS **2999 NW 32 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **JOHNSON, CHRISTOPHER R**
 STREET ADDRESS **2999 NW 32 AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Treas, Dir**
 STREET ADDRESS **Sally Johnson**
 CITY-ST-ZIP **2999 NW 32 AVE
 Miami FL 33142**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME **President, Director**
 STREET ADDRESS **Philip A. Johnson**
 CITY-ST-ZIP **2999 NW 32 Ave
 Miami FL 33142**

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:

Sally Johnson, Treas

3/4/02

305-633-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)