## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## **FILED** Mar 20, 2001 8:00 am Secretary of State DOCUMENT # 404547 ELLISON GRAPHICS CORP. 03-20-2001 90032 046 \*\*\*150.00 Principal Place of Business Mailing Address 400 INDIANTOWN RD. 1400 INDIANTOWN RD. JUPITER FL 33458 JUPITER FL 33458 731555 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1405965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_ \_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. LITWIN ROSS, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 250 S AUSTRALIAN AVE. **SUIT E1401** JUPITER FL 33401 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change TITLE Delete TITLE LITWIN NICHOLAS NAME NAME STREET ADDRESS STREET ADDRESS 1400 INDIANTOWN RD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Addition TITLE VTD Delete TITLE Change HERLIN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1400 INDIANTOWN RD. CITY-ST-7IP CITY-ST-ZIP JUPITER FL Addition\_ TITLE ☐ Change TITLE □ Delete ELLISON, ANTHONY W NAME NAME STREET ADDRESS STREET ADDRESS 1400 INDIANTOWN RD CITY-ST-ZIP CITY-ST-7IP JUPITER FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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