

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06946

1. Entity Name

MICROGRAPHICS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90238 038 ***150.00

Principal Place of Business

Mailing Address

1925 N.W. 2ND STREET
SUITE A
GAINESVILLE FL 32609

1925 N.W. 2ND STREET
SUITE A
GAINESVILLE FL 32609-3634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HASWELL, JOHN H.
211 N.E. 1ST STREET
GAINESVILLE FL FL 32601

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME CRAIG, JAMES A
STREET ADDRESS MARTINS ISLAND BOX 546
CITY-ST-ZIP WALDO, FL 00000

TITLE PT ☒ Change ☐ Addition
NAME CRAIG, JAMES A
STREET ADDRESS MARTINS ISLAND 20804 NE 132ND AVE
CITY-ST-ZIP WALDO FL 32694

TITLE VCD ☐ Delete
NAME CRAIG, PHYLLIS
STREET ADDRESS MARTINS ISLAND BOX 546
CITY-ST-ZIP WALDO, FL 00000

TITLE VCD ☒ Change ☐ Addition
NAME CRAIG, PHYLLIS
STREET ADDRESS MARTINS ISLAND 20804 NE 132ND AVE
CITY-ST-ZIP WALDO FL 32694

TITLE BM ☐ Delete
NAME -CONSTANTINI, JOANN
STREET ADDRESS 11538 JOHNATHAN RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Change ☒ Addition
NAME MEHRTEUS, JENNIFER
STREET ADDRESS 1019 NW 39TH DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Delete
NAME Corporate Secret
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30 Mar 2000

352.372.6039

CR2E031(9/99)