

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000005954** ✓
1. Entity Name
Reverse Graphics Worldwide, Inc

DO NOT WRITE IN THIS SPACE

425074

2. Principal Place of Business
5 Boundary St.
Suite, Apt. #, etc.
City & State
Plymouth, MA
Zip
02360 Country
US

3. Mailing Address
621 NW 53rd St.
Suite, Apt. #, etc.
Suite 375
City & State
Boca Raton, FL
Zip
33487 Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1189230

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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
City
Plantation FL Zip Code
33324

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 renouncing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY- ST- ZIP	C Murray Swindell 621 NW 53rd St., Suite 375 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Peter Cannon 621 NW 53rd St., Suite 375 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JUST Neil Eisenband 621 NW 53rd St., Suite 375 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS Amy Annis 621 NW 53rd St., Suite 375 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Hall, James 621 NW 53rd St., Suite 375 Boca Raton, FL 33487
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE **Neil Eisenband** **2/28/02** **561-241-3911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)