

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 020 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

11033931

DOCUMENT # F 98000004697

1. Entity Name

SPECIALTY GRAPHIC TECHNOLOGIES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16011 N. NEBRASKA AVE.

Suite, Apt. #, etc.

SUITE 103

City & State

LUTZ, FLORIDA

Zip

33549

Country

USA

3. Mailing Address

16011 N. NEBRASKA AVE.

Suite, Apt. #, etc.

SUITE 103

City & State

LUTZ, FLORIDA

Zip

33549

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-0813042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARL A. STORCH

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

16011 N. NEBRASKA AVE.

SUITE 103

City

LUTZ, FL

Zip Code

33549

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carl Storch

CARL STORCH

4-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STORCH, CARL A
STREET ADDRESS	366 9TH AVE NORTH
CITY- ST- ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	MARSHALL WILLIAMS
STREET ADDRESS	5814 CROOKED CREEK
CITY- ST- ZIP	NORCROSS, GA. 30092
TITLE	S
NAME	STORCH, LINDA
STREET ADDRESS	308 MILL POND RD.
CITY- ST- ZIP	ROSWELL GA. 30076
TITLE	CFO
NAME	WILLIAM DONAHUE
STREET ADDRESS	7801 N. RYAN AVE.
CITY- ST- ZIP	TAMPA, FL. 33604
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl Storch CARL STORCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

813 949-7419

CR2E034B (12/02)