

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90633 016 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1-99000004229

1. Entity Name: **Union Beacon Graphics, Inc.**
dba Dodd Printers

Principal Place of Business Mailing Address
7550 W. 2nd Ct. 7550 W. 2nd Ct.
Hialeah, FL 33014 Hialeah, FL 33014

2. Principal Place of Business 3. Mailing Address
7550 W. 2nd Ct. 7550 W. 2nd Ct.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah, FL Hialeah, FL

Zip Country Zip Country
33014 USA 33014 USA

4. FEI Number Applied For
76-0611187 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FLORIDA 32301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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	P/T/D Jerry L. Hyde 2500 W. Loop S., #500 Houston, TX 77027	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/S L. Melvin Cooper 2500 W. Loop S., #500 Houston, TX 77027	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Carl L. Norton 2500 W. Loop S., #500 Houston, TX 77027	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Jerry L. Hyde **Jerry L. Hyde** 5/16/01 713/961-4700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)

C0069435

DO NOT WRITE IN THIS SPACE