

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90132 043 ***150.00

DOCUMENT # G70297

1. Entity Name
CAMPAIGN GRAPHICS CORPORATION



Principal Place of Business
1009 SW 17TH STREET
OCALA FL 34474
US

Mailing Address
2050 S CONANT RD
SPENCERVILLE FL 45887
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 4859

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

Zip

Country

Zip

34478

Country

USA

4. FEI Number

59-2348001

Applied For

Not Applicable

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

TAMBLINGSON, GLENN
1009 SW 17 ST
OCALA FL 34474

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$100.00

After May 1, 2003 fee will be \$350.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **TAMBLINGSON, GLENN**
STREET ADDRESS **1009 SW 17 ST**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE ☐ Delete
NAME **TAMBLINGSON, LORI**
STREET ADDRESS **2050 S CONANT RD**
CITY-ST-ZIP **SPENCERVILLE OH 45887**

TITLE ☒ Change ☐ Addition
NAME **TAMBLINGSON, LORI**
STREET ADDRESS **1009 SW 17 ST.**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED K. TAMBLINGSON

Date

Daytime Phone #

2/18/03 352-368-5080

CR2E034 (10/02)