

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30237

Entity Name

GRAPHICS USA INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90126 028 ***150.00

Principal Place of Business ROBERT F. WITTMACKERS BAYBERRY ROAD JACKSONVILLE FL 32256	Mailing Address % ROBERT F. WITTMACKERS 7784 BAYBERRY ROAD JACKSONVILLE FL 32256-6857 US
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Principal Place of Business 7843 BayBerry RD Suite, Apt. #, etc.	3. Mailing Address 7843 BayBerry RD Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2488590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WITTMACKERS, ROBERT F
7767 BAYBERRY RD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7843 BayBerry RD
City FL Zip Code

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

Robert F. Wittmackers 3/3/2000

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

OFFICERS AND DIRECTORS

VS WITTMACKERS, ROBERT F. 7767 BAYBERRY RD JACKSONVILLE FL	<input type="checkbox"/> Delete
PT FERGUSON-WITTMACKERS VICKI L 7767 BAYBERRY RD JACKSONVILLE FL	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete
 	<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7843 BayBerry RD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7843 BayBerry RD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vicki Wittmackers* Vicki Wittmackers 3/3/2000 904-448-0113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)