

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90113 012 ***150.00

DOCUMENT # H83164

1. Entity Name

SOUTHERN DESIGN GRAPHICS, INC.

Principal Place of Business

Mailing Address

% ANTHONY R. MOSCATO
 6413 N. FLORIDA AVE.
 TAMPA FL 33604

% ANTHONY R. MOSCATO
 6413 N. FLORIDA AVE.
 TAMPA FL 33604

761740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Southern Design Graphics
 Suite, Apt. #, etc.
6420 N. Central Ave

6420 N. Central Ave
 Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip
33604

Country
Hills

Zip
33604

Country
Hills

4. FEI Number **59-2996641**

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

MOSCATO, ANTHONY R
 6413 N. FLORIDA AVE.
 TAMPA FL 33604

Name *MOSCATO, Anthony R.*
 Street Address (P.O. Box Number is Not Acceptable)
6420 N. Central Ave
 City *Tampa* FL Zip Code *33604*

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 reinstating)

DATE

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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOSCATO, ANTHONY R 6807 ROSEWOOD CT. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSCATO, IRMA A 6807 ROSEWOOD CT. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A.R. Moscato 4-24-2001 813-237-2672

CR2E034 (10/00)