

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09518
 1. Entity Name
CI, SOFTWARE & GRAPHIC ARTS, INCORPORATED

FILED

01 OCT 22 PM 4:55

Principal Place of Business Mailing Address
 % **CHERE M. BIDDLES** % **CHERE M. BIDDLES**
40 WINCHESTER ROAD **40 WINCHESTER ROAD**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
1755 CR 304 **1755 CR 304**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

REINSTATEMENT 2001

City & State City & State
BUNNELL, FL **BUNNELL, FL**
 Zip Country Zip Country
32110 **USA** **32110** **USA**

4. FEI Number **59-2728028**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BIDDLES, IVAN
40 WINCHESTER ROAD
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name **BIDDLES, IVAN**
 Street Address (P.O. Box Number is Not Acceptable)
1755 CR 304
 City **BUNNELL** FL Zip Code **32110**

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 *I. Biddles* **Ivan Biddles** 09-OCT-2001
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. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
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	DPS BIDDLES, CHERE M. 40 WINCHESTER ROAD ORMOND BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BIDDLES, IVAN 40 WINCHESTER ROAD ORMOND BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP BIDDLES, IVAN 1755 CR 304 BUNNELL, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004685754--2 -11/16/01--01078--001 ****750.00 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 another like empowered.

SIGNATURE: *I. Biddles* **(Ivan Biddles)** 09-OCT-2001 386-405-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (5/01)