

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26484

1. Entity Name

COMMERCIAL COLOR GRAPHICS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90035 037 ***150.00

Principal Place of Business

Mailing Address

241 DOUGLAS RD., E.
UNIT 1
OLDSMAR FL 34677-2913
US

6079 OLD PASCO RD.
WESLEY CHAPEL FL 33544-3427

00010019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

HOLIDAY, FL
34690 US

4. FEI Number 59-2708860

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

BOWERS, GEORGE R

6079 OLD PASCO RD.

WESLEY CHAPEL FL 33544-3

3334 ROCK VALLEY DR
HOLIDAY, FL 34691

Name

GEORGE R. BOWERS

Street Address (P.O. Box Number is Not Acceptable)

COMMERCIAL COLOR GRAPHICS, INC.

241 DOUGLAS RD., E. UNIT 1

CITY OLDSMAR

FL 34677-2913

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) ☒ **IGNORE**

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 ☐ \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	BOWERS, GEORGE R	
STREET ADDRESS	6079 OLD PASCO RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LATIF, EDMUND E.	
STREET ADDRESS	7921 CAMERON CAY CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

George R. Bowers (GEORGE R. BOWERS)

1-25-00 727-847-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #