

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90005 021 ***150.00

DOCUMENT # J80254

1. Entity Name

GRAPHIC IMAGES OF LAKE LAND, INC.

Principal Place of Business

3615 CENTURY BLVD
SUITE 3
LAKE LAND FL 33811
US

Mailing Address

3615 CENTURY BLVD
SUITE 3
LAKE LAND FL 33811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2818051

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

MORTENSEN, KATHY
3327 ROYAL OAK DR. W.
MULBERRY FL 33860

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.

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	PD	<input type="checkbox"/> Delete
NAME	MORTENSEN, KATHY	
STREET ADDRESS	3327 ROYAL OAK DR. W.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARKEY, JANET MORTESEN	
STREET ADDRESS	3307 ROYAL OAK DR. S.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARKEY, MICHELLE LEE	
STREET ADDRESS	4919 WILDFLOWER DR	
CITY-ST-ZIP	LAKE LAND FL 33811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARKEY, DAVID A	
STREET ADDRESS	3307 ROYAL OAK DR. SOUTH	
CITY-ST-ZIP	MULBERRY 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kathy Mortensen Kathy Mortensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

863-646-4016

Daytime Phone #