

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90106 017 ***150.00

DOCUMENT # J80254

1. Entity Name
GRAPHIC IMAGES OF LAKELAND, INC.



Principal Place of Business
**3615 CENTURY BLVD
SUITE 3
LAKELAND FL 33811
US**

Mailing Address
**3615 CENTURY BLVD
SUITE 3
LAKELAND FL 33811
US**

2. Principal Place of Business

138 9th Ave NW
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 298
Suite, Apt. #, etc.

City & State

Mulberry FL

City & State

Mulberry FL

Zip

33860

Country

Polk

Zip

33860

Country

Polk

4. FEI Number

59-2818051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy J. Mortensen, Kathy J. Mortensen, President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-18-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORTENSEN, KATHY**
STREET ADDRESS **3327 ROYAL OAK DR. W.**
CITY-ST-ZIP **MULBERRY FL**

TITLE **D** ☐ Delete
NAME **STARKEY, JANET MORTENSEN**
STREET ADDRESS **3307 ROYAL OAK DR. S.**
CITY-ST-ZIP **MULBERRY FL**

TITLE **VD** ☐ Delete
NAME **STARKEY, DAVID A**
STREET ADDRESS **3307 ROYAL OAK DR. SOUTH**
CITY-ST-ZIP **MULBERRY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)