

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J88830**

1. Entity Name

DESIGN GRAPHICS OF BREVARD, INC.

Principal Place of Business

% ROBERT H.M. DESGRANGE
711 PINETREE DR
INDIAN HARBOUR BEACH FL 32937

Mailing Address

% ROBERT H.M. DESGRANGE
711 PINETREE DR
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

704 PINETREE DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BCH, FL 32937

City & State

INDIAN HARBOUR BCH, FL 32937

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-2839603

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

DESGRANGE, ROBERT H.M.
711 PINETREE DR
INDIAN HARBOUR BEACH FL 32937

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.

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 \$550.00
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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DESGRANGE, ROBERT H.M.	
STREET ADDRESS	240 MELALEUCA DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DESGRANGE, RICHARD P.	
STREET ADDRESS	653 IRONWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE 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		

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
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
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H.M. Desgrange
Date: **10/11/01** Daytime Phone: **(321) 773-4588**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 5:58

A0084720



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

AD