## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # J88830 1. Entity Name 05-15-2002 90031 008 \*\*\*150.00 DESIGN GRAPHICS OF BREVARD, INC. Principal Place of Business Mailing Address 709 PINETREE DRIVE 709 PINETREE DRIVE INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2839603 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Desgrang DESGRANGE, ROBERT H.M. Street Address (P.O. Box Number is Not Acceptable) 711 PINETREE DR INDIAN HARBOUR BEACH FL 32937 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Addition Delete DESGRANGE, ROBERT H.M. NAME NAME STREET ADDRESS 240 MELALEUCA DRIVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL CITY-ST-ZIP TITLE Change Change ☐ Addition TITLE ☐ Delete chard P. Desgrange NAME DESGRANGE, RICHARD P. NAME 3 Ironwood Drive STREET ADDRESS STREET ADDRESS 653 IRONWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL lbourne, FL 32935 Addition ☐ Delete TITLE TITLE Robert H.M. Desgrange, Jr. 1628 Arbor Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

hard P. Desgrange