

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K36868**

1. Entity Name

STUDIO GRAPHICS OF NAPLES, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90370 046 ***150.00

Principal Place of Business

%ALYCE M. SOLDANO
947 FOURTH AVENUE SOUTH
NAPLES FL 34102
US

Mailing Address

%ALYCE M. SOLDANO
947 FOURTH AVENUE SOUTH
NAPLES FL 34102
US

00073334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0073539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOLDANO, ALYCE M.
947 FOURTH AVENUE SOUTH
NAPLES FL 34102

(See attached)

Name

Alyce Mathias

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

Same

City

Same

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

Alyce Mathias

4-11-02

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **SOLDANO, ALYCE M.**
CITY-ST-ZIP **947 FOURTH AVENUE SOUTH**
NAPLES FL 34102

TITLE ☒ Change ☐ Addition
NAME **ALYCE MATHIAS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Alyce Mathias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 2394347686

Date

Daytime Phone #

CR2E034 (9/01)