

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90039 001 ***150.00

DOCUMENT # L00054

1. Entity Name

PARAMOUNT MILLER GRAPHICS, INC.

Principal Place of Business

Mailing Address

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

5299 ST AUGUSTINE RD
JACKSONVILLE FL 32207
US

621044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2962266

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

MILLER, ROBERT L
121 W FORSYTH ST
SUITE 200
JACKSONVILLE FL 32202

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's 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	MILLER, ROBERT L	121 W FORSYTH ST #200	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DC	WALTHER, FREDERICK S	5299 ST AUGUSTINE RD	JACKSONVILLE FL	<input type="checkbox"/>
DV	WALTHER, MICHAEL J	5299 ST AUGUSTINE RD	JACKSONVILLE FL	<input type="checkbox"/>
DV	WALTHER, JOHN J	5299 ST AUGUSTINE RD	JACKSONVILLE FL	<input type="checkbox"/>
D	DAHL, ROBERT J	5299 ST AUGUSTINE RD	JACKSONVILLE FL	<input type="checkbox"/>
D	STEIN, ROBERT L	121 W FORSYTH ST #200	JACKSONVILLE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	George Brookshire	121 W Forsyth St # 200	Jacksonville, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary / Treasurer	Robert J Ostrich	5299 St Augustine Rd	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J Ostrich

Sec/Treas

2-21-01

904 448 1700

CR2E034 (10/00)