

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90014 010 \*\*\*150.00

**DOCUMENT # L36182**

1. Entity Name

**K.J.M. GRAPHICS, INC.**

Principal Place of Business

Mailing Address

~~5537 N. STATE ROAD 7~~  
~~5549 N. STATE RD 7~~  
~~FT. LAUDERDALE FL 33319~~  
 US

5537 N. STATE ROAD 7  
 5549 N. STATE RD 7  
 FT. LAUDERDALE FL 33319  
 US

2. Principal Place of Business

**2000 BANKS ROAD**

3. Mailing Address

**2000 BANKS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 202**

**STE 202**

City & State

City & State

**MARGATE, Florida**

**MARGATE, Florida**

Zip

Zip

**33063**

**U.S.A**

**33063**

**BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRILL, THEODORE F.**

**8211 W. BROWARD BLVD.**

**SUITE 360**

**PLANTATION FL 33324-2750**

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D MCCOY, KATHRYN</b>	<b>2000 BANKS RD</b>	<b>STE 202</b>	<input type="checkbox"/>
		<b>5537 N. STATE ROAD 7</b>	<b>FT. LAUDERDALE FL 33319</b>	<input type="checkbox"/>
			<b>MARGATE, FL 33063</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input 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"/>	<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:** *Kathryn McCoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/05/02** **954**  
**998-3332**  
 Date Daytime Phone #

CR2E034 (9/01)