

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 034 ***150.00

DOCUMENT # L42316

1. Entity Name

GRAPHICS REPAIR, INC.

Principal Place of Business

**8175 NICE WAY
 SARASOTA FL 34238
 US**

Mailing Address

**8175 NICE WAY
 SARASOTA FL 34238-4419
 US**

2. Principal Place of Business

8175 NICE WAY
 Suite, Apt. #, etc.

3. Mailing Address

8175 NICE WAY
 Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL 34238

4. FEI Number

65-0172710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHULZINSKY, JULIE
 8175 NICE WAY
 SARASOTA FL 34238**

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 \$150.00
After MAY 1, 2000 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

TITLE **P**
 NAME **SCHULZINSKY, DEXTER**
 STREET ADDRESS **8175 NICE WAY**
 CITY-ST-ZIP **SARASOTA FL 34238**

☒ Delete

TITLE **VST**
 NAME **SCHULZINSKY, JULIE**
 STREET ADDRESS **8175 NICE WAY**
 CITY-ST-ZIP **SARASOTA FL 34238**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Julie Schulzinsky

JULIE SCHULZINSKY

3/14/00

941-925-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)