

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90158 039 \*\*\*150.00

DOCUMENT # L45790

1. Entity Name

DRW Graphics Communications

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

495 St. Tropez Circle NE

Suite, Apt. #, etc.

3. Mailing Address

495 St. Tropez Circle NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

Zip

33703

Country

Pinellas

City & State

St. Petersburg FL

Zip

33703

Country

Pinellas

4. FEI Number

59-2997921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

David Wilkowski

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

495 St. Tropez Circle NE

St. Petersburg

City

FL

Zip Code

33703

**DO NOT WRITE  
IN THIS SPACE**

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

*David Wilkowski*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-2002

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 PT  
NAME David Wilkowski  
STREET ADDRESS 495 St. Tropez Circle NE  
CITY-ST-ZIP St. Petersburg FL 33703

TITLE VSD  
NAME Roberta Wilkowski  
STREET ADDRESS 495 St. Tropez Circle NE  
CITY-ST-ZIP St. Petersburg FL 33703

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*David Wilkowski*

Roberta J. Wilkowski

4-23-2002 525-2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #