

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91176 038 \*\*\*150.00

**DOCUMENT # L85547**

1. Entity Name  
**MAGICOLOR GRAPHIC DESIGN & PRINTING SERVICES, IN C.**

Principal Place of Business

**16956 MCGREGOR BLVD.  
 UNIT 1  
 FORT MEYRES FL 33908  
 US**

Mailing Address

**P.O BOX 476  
 SANIBEL FL 33957  
 US**

2. Principal Place of Business

3. Mailing Address

**3730 Agate Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SANIBEL, FL 33957**

4. FEI Number

**65-0201972**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33957**

**US**

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, MARLOW  
 3730 AGATE CT  
 SANIBEL FL 33957**

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 ☐ Delete  
 NAME **DVS**  
 STREET ADDRESS **STONE, BRIDGIT M**  
 CITY-ST-ZIP **16956-1 S. MCGREGOR BLVD.  
 FORT MYERS FL 33908**

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

TITLE ☐ Delete  
 NAME **DPT**  
 STREET ADDRESS **MILLER, MARLOW L III**  
 CITY-ST-ZIP **15461 RIVER-BY ROAD  
 FORT MYERS FL**

TITLE ☒ Change ☐ Addition  
 NAME **DPT**  
 STREET ADDRESS **MILLER, MARLOW L. III**  
 CITY-ST-ZIP **16956-1 S. McGregor Blvd.  
 Fort Myers, FL 33908**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

*[Signature]* 04/17/02

941.437.1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marlow L. Miller III, Pres.**

Date

Daytime Phone #

CR2E034 (9/01)