

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91601 039 ***150.00

DOCUMENT # L90293

1. Entity Name

LACROSSE GRAPHICS, INC.

Principal Place of Business

Mailing Address

1425 E. MAIN ST.
BLUE RIDGE GA 30513
USP.O. BOX 2613
BLUE RIDGE GA 30513
US**552662**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

821 Postelle Road

3. Mailing Address

P.O. Box 268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ducktown, TNCity & State
Ducktown, TN4. FEI Number **65-0204883**

Applied For

Not Applicable

Zip
37326

Country

Zip

37326-0268

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

ECKEL, SABINA R
405 FERNEDINA STREET
FT PEIRCE FL 34949

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **ECKEL, SABINA R**
STREET ADDRESS **405 FERNANDINA STREET**
CITY-ST-ZIP **FT PIERCE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LACROSSE, KATHLEEN A.**
STREET ADDRESS **82 INDIAN TRACE**
CITY-ST-ZIP **MINERAL BLUFF GA 30559**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LACROSSE, DAVID J**
STREET ADDRESS **82 INDIAN TRACE**
CITY-ST-ZIP **MINERAL BLUFF GA 30559**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:*Kathleen A. Lacrosse, Sect.* **KATHLEEN A. LACROSSE, SECT.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/11/01
Date423 496 3391
Daytime Phone #

CR2E034 (10/00)