2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
07-10-2003 90051 001 ****50.00

0018477

DOCUMENT # L98000000802

1. Entity Name
GRAFIX SHELL, L.C.

Principal Place of Business	Mailing Address
2313 EPHRAIM AVENUE FORT MYERS FL 33907	P.O. BOX 7004 FORT MYERS FL 33911

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0849297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DEFORGE, MICHAEL LAMERS
2313 EPHRAIM AVENUE
FORT MYERS FL 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFORGE, ~~MICHAEL~~ MICHEL LAMERS 2313 EPHRAIM AVENUE FORT MYERS FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeForge, Michel Lamers	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ 07/07/03 239-277-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 90141099
#L9800000802

graphic design

logos
business i.d.
print advertising
publications
brochures
packaging
point-of-purchase

July 8, 2003

Re: Request for Form 1120S

To Whom It May Concern,

Please send me the form to make us a Sub Chapter S Corporation (form 1120S) to the address listed below.

Thank you for your prompt attention.

Sincerely,

Michel L. DeForge

FEI # 65-0849297

Grafix Shell
PO Box 7004
Fort Myers FL 33911-7004

mailing address:
p.o. box 7004
fort myers, florida 33911

fort myers location:
2313 ephraim avenue
fort myers, florida 33907
phone: 941.277.0754
fax: 941.277.0459

voicemail / pager:
941.418.7656
email:
grafixshel@aol.com