

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000230

1. Entity Name

31 GRAPHICS & DISPLAYS, L.L.C.

FILED

00 JAN 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

213 STAGE ROAD
VESTAL NY 13850

Mailing Address

213 STAGE ROAD
VESTAL NY 13850-1608

2. Principal Place of Business

514 Chenango st.

Suite, Apt. #, etc.

3. Mailing Address

514 Chenango st.

Suite, Apt. #, etc.

City & State

Binghamton, NY

Zip
13901

Country

City & State

Binghamton, NY

Zip
13901

Country

4. FEI Number

16-1559960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, CLIFF
6313-A CORPORATE COURT
FT. MYERS FL 33919

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM DATAFLOW, INC. ☐ Delete
STREET ADDRESS 213 STAGE ROAD
CITY-ST-ZIP VESTAL NY 13850

TITLE NAME MGR JOHNSON, PAUL ☐ Delete
STREET ADDRESS 209 PATIO DR.
CITY-ST-ZIP ENDWELL NY 13760

TITLE NAME MGR KELLER, CLIFF ☐ Delete
STREET ADDRESS 5203 SELBY DR.
CITY-ST-ZIP FT. MYERS FL 33919

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003117992--0
CITY-ST-ZIP -02/01/00--01052--020

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/11/00

607-723-8541