2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000074909 1. Entity Name TOM GORMLEY GRAPHIC DESIGN CONSULTANTS, INC. 05-07-2001 90033 005 ***158.75 Principal Place of Business Mailing Address 2211 SW 27TH WAY 2211 SW 27TH WAY COCONUT GROVE FL 33133-3120 COCONUT GROVE FL 33133-3120 3. Mailing Address 2. Principal Place of Business **7990 S. W** Suite, Apt. #, etc. <u> 7990 S.W. 74th Place</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-1036537 City & State City & State Applied For Not Applicable <u>Miami, Florida</u> Miami. Florida Country \$8.75 Additional Zip 33143 5. Certificate of Status Desired X Miami-Dade 33143 Miami-Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Thomas J. Gormley PETTIT, MARTIN T Street Address (P.O. Box Number is Not Acceptable) 2211 SW 27TH WAY 7990 S.W. 74th Place COCONUT GROVE FL 33133-3120 Zip Code 33143 Miami 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 Thomas J. Gormley President 4/13/01 Signature, typed or printed name of registered agent and title if applicable PILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE TITLE T, S, D PETTIT. MARTIN T NAME Thomas J. Gormley 2211 SW 27TH WAY STREET ADDRESS STREET ADDRESS 7990 S.W. 74th Place CITY-ST-ZIP COCONUT GROVE FL 33133-3120 CITY-ST-ZIP Miami, Florida 33143 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTO

Thomas J. Gormley, Pres. (305)662<u>*</u>**18465