

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90046 035 ***150.00

0562511

DOCUMENT # P00000090412

1. Entity Name

GRAPHIC CONTENTS, INC.

Principal Place of Business

**993 NE COUNTRY WAY
 JENSEN BEACH FL 34957**

Mailing Address

**993 NE COUNTRY WAY
 JENSEN BEACH FL 34957**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1056169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KONIGHT, NANCY
 993 NE COUNTRY WAY
 JENSEN BEACH FL 34957**

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

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**President
 Larry Konight
 993 NE Country Way
 Jensen Beach FL 34957**

TITLE ☐ Delete

**Vice President
 Larry Konight, Jr.
 993 NE Country Way
 Jensen Beach FL 34957**

TITLE ☐ Delete

**Secretary/Treasurer
 Nancy Konight
 993 NE Country Way
 Jensen Beach FL 34957**

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
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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:

Nancy Konight
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

561.334.9848
 Daytime Phone #

CR2E034 (10/00)