

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 90409 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095300

1. Entity Name

GRAPHICS WIZARD, INC.

Principal Place of Business
 1500 CARAMBOLA ROAD
 LAKE CLARKE SHORES FL 33406

Mailing Address
 1500 CARAMBOLA ROAD
 LAKE CLARKE SHORES FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1046808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **JAMERAINY, ESQ**

Street Address (P.O. Box Number is Not Acceptable)

1117 CLARE AVECity **W. PALM BEACH**

FL

Zip Code **33401**

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

12 June 01

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 **D** ☐ Delete
 NAME **BLUM, MICHELLE**
 STREET ADDRESS **1500 CARAMBOLA ROAD**
 CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE **D** ☐ Delete
 NAME **BLUM, GERALD**
 STREET ADDRESS **1500 CARAMBOLA ROAD**
 CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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:

M. Blum - President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

561-547-5448

Daytime Phone #

CR2E034 (10/00)