

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90718 005 ***150.00

05/31/02 AV

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
6820 DATE PALM AVE. S.
 Suite, Apt. #, etc. -

3. Mailing Address
6860 Gulfport Blvd #450
 Suite, Apt. #, etc.

City & State
St. PETERSBURG, FL
Zip **33707** **Country** **USA**

City & State
St. PETERSBURG, FL
Zip **33707** **Country** **USA**

4. FEI Number **65-1046808**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAINEY, JAMES EZO
1117 CLARE AVE.
WEST PALM BEACH FL 33401

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLUM, MICHELLE	
STREET ADDRESS	1500 CARAMBOLA ROAD	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUM, GERALD	
STREET ADDRESS	1500 CARAMBOLA ROAD	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, MICHELLE	
STREET ADDRESS	6860 GULFPORT BLVD #450	
CITY-ST-ZIP	St. PETERSBURG, FL 33707-2108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, GERALD	
STREET ADDRESS	6860 GULFPORT BLVD #450	
CITY-ST-ZIP	St. PETERSBURG, FL 33707-2108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature and Typed or Printed Name of Signing Officer or Director **MICHELLE BLUM PRES** **5/1/02** **561-541-5448**
Date **Daytime Phone #**

CR2E034 (9/01)