

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90055 028 \*\*\*150.00

**DOCUMENT # P00000109871**



1. Entity Name  
**SOUTHERN GRAPHTECH, INC**

Principal Place of Business  
**3593 STABILE ROAD  
STV JAMES CITY FL 33956**

Mailing Address  
**3593 STABILE ROAD  
STV JAMES CITY FL 33956**



2. Principal Place of Business  
**5563 Bay Point Rd**

3. Mailing Address  
**5563 Bay Point Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Bokeelia, FL**

City & State  
**Bokeelia, FL**

4. FEI Number  
**65-1061457**

Applied For  
Not Applicable

Zip  
**33922**

Country  
**Lee**

Zip  
**33922**

Country  
**Lee**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JACKSON, DEBRA  
3593 STABILE ROAD  
STV JAMES CITY FL 33956**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5563 Bay Point Rd**

City  
**Bokeelia**

**FL**

Zip Code  
**33922**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debra Jackson Sec/Treas.

1-20-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, DEBRA</b> <b>3593 STABILE ROAD</b> <b>STV JAMES CITY FL 33956</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, DEBRA</b> <b>3593 STABILE ROAD</b> <b>STV JAMES CITY FL 33956</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Michael Jackson</b> <b>5563 Bay Point Rd</b> <b>Bokeelia, FL 33922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>Debra Jackson</b> <b>5563 Bay Point Rd</b> <b>Bokeelia, FL 33922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

239-283-7295

Daytime Phone #

CR2E034 (10/02)