

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115728

1. Entity Name

MICHAUD GRAPHIC DESIGN, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90098 034 ***150.00

Principal Place of Business

1926 ARCADIA PL
JACKSONVILLE FL 32207

Mailing Address

1926 ARCADIA PL
JACKSONVILLE FL 32207

00034417

2. Principal Place of Business

4975 San Jose Blvd.

3. Mailing Address

4975 San Jose Blvd. #101

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3688121

Applied For

Not Applicable

Zip

32207

Country

US

Zip

32207

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAUD, PAULA A
1926 ARCADIA PL
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Paula A. Michaud

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

4975 San Jose Blvd #101

City

Jacksonville, FL

FL

Zip Code

32207

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

Paula A. Michaud

4/6/01

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 DPST
NAME MICHAUD, PAULA A
STREET ADDRESS 1926 ARCADIA PL
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE V
NAME MICHAUD, JOHN M
STREET ADDRESS 1926 ARCADIA PL
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4975 San Jose Blvd. #101
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4975 San Jose Blvd. #101
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paula A. Michaud PAULA A. MICHAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/01

Daytime Phone #

(904) 733-1894

CR2E034 (10/00)