

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-24-2002 91336 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001962

1. Entity Name

D.J. GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

97050

2. Principal Place of Business

5052 S.W. 160 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SOUTHWEST RANCHES, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33331

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

ANTHONY G. COLEMAN, JR.

 Street Address (P.O. Box Number is Not Acceptable)
 3275 W. HILLSBORO BLVD. #207

City

DEERFIELD BEACH

FL

Zip Code

33442

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 JACQUELINE GOLDSTEIN
 5052 S.W. 160TH AVE
 SOUTHWEST RANCHES, FL 33331

 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 PRESIDENT / DIRECTOR

 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
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 CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #