

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90002 009 \*\*\*150.00

**DOCUMENT # P01000015556**

1. Entity Name  
**ALLIGATOR GRAPHICS, INC.**

Principal Place of Business

**6544 JARVIS ROAD  
 SARASOTA FL 24231**

Mailing Address

**46 NORTH WASHINGTON BOULEVARD  
 SUITE #1  
 SARASOTA FL 34236**

2. Principal Place of Business

**6544 Jarvis Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**6544 Jarvis Rd**  
 Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

**Sarasota, FL**

4. FEI Number

**65-1086184**

Applied For

Not Applicable

Zip

**34241**

Country

**USA**

Zip

**34241**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON, JOHN  
 46 NORTH WASHINGTON BOULEVARD  
 SUITE #1  
 SARASOTA FL 34236**

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 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Alison Zawacki	
STREET ADDRESS	6544 Jarvis Rd.	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	Director	<input type="checkbox"/> Delete
NAME	John Zawacki	
STREET ADDRESS	6544 Jarvis Rd	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	President	<input type="checkbox"/> Delete
NAME	Alison Zawacki	
STREET ADDRESS	6544 Jarvis Rd	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Zawacki	
STREET ADDRESS	6544 Jarvis Rd	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Alison Zawacki	
STREET ADDRESS	6544 Jarvis Rd.	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Alison Zawacki	
STREET ADDRESS	6544 Jarvis Rd.	
CITY-ST-ZIP	Sarasota, FL 34241	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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**

**4/24/02**

**9413796396**

Date

Daytime Phone #

CR2E034 (9/01)