

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90011 050 ***158.75

DOCUMENT # P01000021595

1. Entity Name

DEBORAH M. MENGES GRAPHICS, INC.

Principal Place of Business

**1717 CIRCLE LAKE CT.
ORLANDO FL 32826**

Mailing Address

**1717 CIRCLE LAKE CT.
ORLANDO FL 32826**

2. Principal Place of Business

1717 CIRCE LAKE CT.

3. Mailing Address

1717 CIRCE LAKE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3699294

Applied For

Not Applicable

Zip

Country

32826-4645 USA

Zip

Country

32826-4645 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENGES, DEBORAH M
1717 CIRCLE LAKE CT.
ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name

Deborah M. Menges

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

1717 CIRCE LAKE CT.

City

ORLANDO

FL

Zip Code

32826-4645

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 **Deborah M. Menges**

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

(NOTE: Registered Agent signature required when reinstating)

1/13/2002

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P/S/C/D**
STREET ADDRESS **Deborah M. Menges**
CITY-ST-ZIP **1717 CIRCE LAKE CT.
ORLANDO, FL 32826-4645**

TITLE ☒ Change ☐ Addition
NAME **V/T**
STREET ADDRESS **Richard E. Menges**
CITY-ST-ZIP **1717 CIRCE LAKE CT.
ORLANDO, FL 32826-4645**

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:

Deborah M. Menges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2002
Date

407-482-9964
Daytime Phone #

CR2E034 (9/01)