

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90166 032 \*\*\*150.00

**DOCUMENT #** P01000038075 ✓

1. Entity Name

ALTERNATIVE Graphics + Design

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7479 Hill Pond Circle

Suite, Apt. #, etc.

3. Mailing Address

7479 Hill Pond Circle

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

USA

City & State

Naples FL 34109

Zip

34109

Country

USA

4. FEI Number

59-3715626

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Bole Carolyn Zimmerman

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

825 1st St NE 7479 Hill Pond Cir

City

Naples, FL 34109

Zip Code

34109

**DO NOT WRITE  
IN THIS SPACE**

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 Carolyn Zimmerman

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

(NOTE: Registered Agent signature required when reinstating)

4/22/2002

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 \$61.25  
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 PRESIDENT  
NAME CAROLYN ZIMMERMAN  
STREET ADDRESS 7479 Hill Pond Circle, Naples, FL 34109  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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: Carolyn Zimmerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2002

Date

941-593-5243

Daytime Phone #

CR2E034B (12/01)