

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-18-2002 90466 038 ***150.00

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

DOCUMENT # **P010000075742**
1. Entity Name **SUSAN Eichler Graphic Design Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9085 CYPRESS TRAIL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LARGO FL
Zip **33777** Country **U.S.**

City & State
Zip Country

4. FEI Number
59-3731415

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **SUSAN Eichler**
Street Address (P.O. Box Number is Not Acceptable)

9085 Cypress Trail

City **LARGO** FL Zip Code **33777**

**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

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

(NOTE: Registered Agent signature required when releasing)

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 **Director, President, Secretary**
NAME **SUSAN Eichler**
STREET ADDRESS **9085 Cypress Trail**
CITY-STATE-ZIP **LARGO, FL 33777**

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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Eichler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 **727-397-0602**
Date Daytime Phone #

CR20348 (12/01)