

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90160 048 ***150.00

DOCUMENT # P01000088424

1. Entity Name
BC GRAPHICS, INC.

Principal Place of Business
**6503 N. MILITARY TRAIL
 SUITE 3805
 BOCA RATON FL 33496**

Mailing Address
**6503 N. MILITARY TRAIL
 SUITE 3805
 BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6503 N. MILITARY TRAIL

3. Mailing Address

6503 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 3805

Suite, Apt. #, etc.

SUITE 3805

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1147395

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BECKER, WILLIAM I
 6503 N. MILITARY TRAIL
 SUITE 3805
 BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name **WILLIAM I. BECKER**
 Street Address (P.O. Box Number is Not Acceptable)
6503 N. MILITARY TRAIL
SUITE 3805
 City **BOCA RATON** **FL** Zip Code **33496**

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.

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	PS	<input type="checkbox"/> Delete
NAME	BECKER, WILLIAM I	
STREET ADDRESS	6503 MILITARY TRAIL, SUITE 3805	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NATALE, COURTNEY A	
STREET ADDRESS	6503 MILITARY TRAIL, SUITE 3805	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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:

WILLIAM I. BECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-02

Date

561-988-3107

Daytime Phone #

CR2E034 (9/01)