


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90197 006 ***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



2. Principal Place of Business
811 NW 66th AVE

3. Mailing Address
811 NW 66th AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL

City & State
MARGATE, FL

Zip 33063 **Country** USA

Zip 33063 **Country** USA

4. FEI Number 65-1147395

Applied For
 Not Applicable

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)
811 NW 66th AVE

City MARGATE **FL** **Zip Code** 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Courtney Arcaro COURTNEY ARCARO 04-11-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WILLIAM I BECKER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 NW 66th AVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COURTNEY A. ARCARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 NW 66th AVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY ARCARO COURTNEY ARCARO 04-11-03 (62) 988-3107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)