

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90064 045 ***150.00

DOCUMENT # P01000089163

1. Entity Name

RESORT GRAPHICS INTERNATIONAL INC.

Principal Place of Business

**2090 S. NOVA ROAD SUITE AA04
 S. DAYTONA BEACH FL 32119**

Mailing Address

**2090 S. NOVA ROAD SUITE AA04
 S. DAYTONA BEACH FL 32119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 375 2662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DONAHUE, PAUL
 8 MIRACLE STRIP LOOP, STE 3
 PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name **Susan L. Warters**

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

2090 S. Nova Road

Suite AA04

City **S. Daytona**

FL

Zip Code

32119

8. The above named entity certifies 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.

Susan L. Warters

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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 **President** ☐ Delete
 NAME **Paul Donahue**
 STREET ADDRESS **2090 S. Nova Road Suite AA04**
 CITY-ST-ZIP **S. Daytona, FL 32119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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 other like empowered.

SIGNATURE:

Paul Donahue President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (386) 763-0889

Date

Daytime Phone #

CR2E034 (9/01)