

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90040 006 ***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**

40017343



2. Principal Place of Business
5351 GULF BLVD

3. Mailing Address
4615 GULF BLVD

Suite, Apt. #, etc.
D

Suite, Apt. #, etc.
104-114

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Pete Beach FL

City & State
ST PETE Bch FL

4. FEI Number
59-3752662

Applied For
☐ Not Applicable

Zip
33706

Country
USA

Zip
33706

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARTERS, SUSAN L
2090 S NOCA ROAD
SUITE AA04
SOUTH DAYTONA FL 32119**

Name **PAUL DONAHUE**
Street Address (P.O. Box Number is Not Acceptable)
4615 GULF BLVD 104-114
City **ST PETE Bch FL** Zip Code **33706**

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 **Paul Donahue**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P DONAHUE, PAUL**
STREET ADDRESS **4615 GULF BLVD**
CITY-ST-ZIP **ST. PETE Bch FL 33706**

TITLE ☐ Change ☐ Addition
NAME **PAUL DONAHUE**
STREET ADDRESS **4615 GULF BLVD 104-114**
CITY-ST-ZIP **ST. PETE Bch FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Paul Donahue**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 877-365-1129
Date Daytime Phone #

CR2E034 (10/02)