

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90098 024 ***150.00

DOCUMENT # P01000109159

1. Entity Name
GRAPHIX SOLUTIONS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
1424 SOUTHEAST 17TH AVENUE
CAPE CORAL FL 33990

Mailing Address
1424 SOUTHEAST 17TH AVENUE
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1158059**

Applied For
Not Applicable

Zip Country

Zip Country

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

MAASTRICHT, PETER M
7331 PINNACLE PINES DRIVE
#A21
FORT MYERS FL 33907

Name **William Harrop**
Street Address (P.O. Box Number is Not Acceptable)
1006 SE 16 TERR.
City **CAPE CORAL** **FL** Zip Code **33990**

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 **William Harrop - President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HARROP, WILLIAM D JR**
STREET ADDRESS **1006 SE 16 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **VD** ☒ Delete
NAME **MAASTRICHT, PETER M**
STREET ADDRESS **7331 PINNACLE PINES DRIVE, APT A-21**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **VD** ☒ Change ☒ Addition
NAME **HARROP, GERALDINE**
STREET ADDRESS **1006 SE 16TH TERR.**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **STD** ☒ Delete
NAME **MORENO, FRANK**
STREET ADDRESS **923 SE 21 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **STD** ☐ Change ☒ Addition
NAME **HARROP, GERALDINE**
STREET ADDRESS **1006 SE 16TH TERR**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **William Harrop**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date Daytime Phone #

CR2E034 (10/02)