## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000001163

**DOCUMENT #** 

1. Entity Name
INNOVATIVE BUSINESS GRAPHICS, INC.



**FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90024 027 \*\*\*158.75

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HININOVALI	ive bosiness graffics,									
Surio, Appl. 4, etc.  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  Fee Regulatoric Agent  Fee Regulatoric Agent  Fee Regulatoric Agent  Name  Sureel Address of New Registered Agent  Name  Sureel Address of New Registered Agent  City  FL  Zip Code  S. The above named entity autorids this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lan familiar with, and acceptable)  FLE NOWI!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will	30123 US HIGHWAY 19 18114 COURTNEY BREEZE			ney breeze dr.							
Surio, Appl. 4, etc.  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  Fee Regulatoric Agent  Fee Regulatoric Agent  Fee Regulatoric Agent  Name  Sureel Address of New Registered Agent  Name  Sureel Address of New Registered Agent  City  FL  Zip Code  S. The above named entity autorids this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lan familiar with, and acceptable)  FLE NOWI!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will		*									
City & State  City & State  City & State  City & State  Country  Country  Country  Country  5. Certificate of Status Desired  88.75 Additional Required  88.75 Additional Required  88.75 Additional Required  88.75 Additional Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  TAMPA Ft. 33647  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of phanging its registered office or registered agent, or both, in the State of Portids. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acceptable the obligations of registered agent agent, or both, in the State of Portids. I am familiar with, and acceptable the obligations of registered agent agent, or both, in the State of Portids. I am familiar with, and acceptable to Portids. I am fam	2. Principal F	Place of Business	3. Mailing Ad	dress			I (BUISEUL SIL MALIM 1984) ADISH GULH		1001 11019 61	11 <b>11 11 11 12 1</b> 3	
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Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Population   Fee P	City & Star	te	City & State	)		4. FE	El Number 30 - 0031728				]
Name  Steet Address (P.O. Box Number is Not Acceptable)  Steet Address (P.O. Box Number is Not Acceptable)  Steet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Signature, how or invited white statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  SIGNATURE  Signature, how or invited micro of impliered agent for title it supdicable  (NOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  After May 1, 2003 Fee will be \$550.00  FILE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  BURGER ADDRESS  OTF-51-2P  TIME  NAME  SIREET ADDRESS  OTF-51-2P  SIRET ADDRESS	Zip	Country	Zip	Сог	ıntry				. <b>75</b> Addi	itional	
Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or professored agent.  SIGNATURE  Signature, hoad-or pointed name of inquired agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE  NOME  SIRET ADDRESS  OTTY-ST-2P  TITLE  V V Delete  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  TAMPA FL 33847  Delete  TAMPA FL 33847  Delete  TAMPA FL 33847  TITLE  Delete  TAMPA FL 33847  TITLE  Delete  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  TAMPA FL 33847  TITLE  Delete  TAMPA FL 33847  TITLE  Delete  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  TAMPA FL 33847  TITLE  Delete  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  Delete  NAME  SIRET ADDRESS  OTTY-ST-2P  TITLE  DELET ADDRESS  OTTY-ST-2P  TITLE  DEL			Registered Ager	nt <u>÷</u>		7. N	ame and Address of New Re	gistered Ager	1t		1
18114 COURTNEY BREEZE DR. TAMPA FL 33847  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and access the childgalance of registered agent.  SIGNATURE    Signature, lipsed or primed name of registered agent and stell applicable   (INC/TE Registered Agent signature required when relinations)   DATE	1500 140	11144 7			Name						
City FL Zip Code  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 accent the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00					Street Address (P.O. Box Number is Not Acceptable)						
B. 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 access the obligations of registered agent.  SIGNATURE  Signature, howed or printed name of registered agent agent and title of applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State.  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  LEGG, RACHEL M 18114 COURTNEY BREEZE DR.  TAMPA FL 33647  TRUE  GIANNAMORE, ANTHONY N 1858ET ADDRESS  CITY-ST-2P  TITLE  VU CHANGE FALLS AVE  CUTY-ST-2P  TITLE  LEGG, WILLIAM T  LEGG, WILLIAM	tampa fl	. 33647						-			]
the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of inglistered agent and stor if applicable   (NOTE Registered Agent signature required when reinstation)   DATE	•				City			FL	Zip Code	;	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			r the purpose of	changing its registe	ered office or regis	stered age	nt, or both, in the State of Flori	ida. I am famil	iar with, a	and accept	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	CLONIATURE										
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VIANPA FL 33647  TITLE VIANPA FL 33	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	red Agent signature requ	ired when rein	nstating)	DATE			
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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: