

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90178 047 \*\*\*150.00

DOCUMENT # P02000022055

1. Entity Name

R & D GRAPHICS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9503 NW 80TH PLACE

Suite, Apt. #, etc.

3. Mailing Address  
9503 NW 80TH PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMARAC, FL

City & State  
TAMARAC, FL

4. FEI Number 02-0563377

Applied For  
Not Applicable

Zip  
33321

Country  
USA

Zip  
33321

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name DOUGHERTY, RONALD

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

9503 NW 80TH PLACE

City TAMARAC

FL Zip Code 33321

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD - DOUGHERTY, RONALD<br>9503 NW 80TH PLACE<br>TAMARAC, FL 33321 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE: *Ronald Dougherty*

RONALD DOUGHERTY

5/20/03

954-724-7462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)