

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90056 024 ***150.00

DOCUMENT # P02000029477

1. Entity Name
ADVANCED DIGITAL DESIGN GRAPHICS, INC.



Principal Place of Business
**6640 RIVERMILL CLUB DRIVE
LAKE WORTH FL 33463**

Mailing Address
**6640 RIVERMILL CLUB DRIVE
LAKE WORTH FL 33463**

2. Principal Place of Business

6640 Rivermill Club Drive

3. Mailing Address

Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABOVE

City & State

Lake Worth FL

City & State

4. FEI Number

30-0048961

Applied For

Not Applicable

Zip

33463

Country

FLA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TERRACCINAO, JAMES
6640 RIVERMILL CLUB DRIVE
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

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

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 accept the obligations of registered agent.

SIGNATURE

James Terracciano

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

TITLE ☐ Delete

NAME **PD
TERRACCINAO, JAMES**
STREET ADDRESS **6640 RIVERMILL CLUB DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☒ Delete

NAME **STD
TERRACCINAO, JANINE**
STREET ADDRESS **6640 RIVERMILL CLUB DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Terracciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)