

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000102941

FILED
Apr 28, 2003
Secretary of State

Entity Name: AREAGRAPHS, INC.

Current Principal Place of Business:

809 EAST LOUISIANA AVE.
TAMPA, FL 33603

New Principal Place of Business:

7901 N. ARMENIA AVE.
SUITE F
TAMPA, FL 33604

Current Mailing Address:

809 EAST LOUISIANA AVE.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 11-3655766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MILLER, ROBERT
Address: 809 EAST LOUISIANA AVE.
City-St-Zip: TAMPA, FL 33603

Title: DVS () Delete
Name: MILLER, INEZRT M
Address: 809 EAST LOUISIANA AVE.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change () Addition
Name: MILLER, INEZ M
Address: 809 EAST LOUISIANA AVE.
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M MILLER

DPT

04/28/2003

Electronic Signature of Signing Officer or Director

Date