

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0139459 AT

APPROVED  
AND  
FILED

03 OCT 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2003**  
CHECK HERE IF MAKING CHANGES

**DOCUMENT #** P02000116043

**1. Entity Name**  
GRAPHIC SYSTEM SUPPLY, INC.



**Principal Place of Business**  
4255 BEACH VIEW CT  
PORT CHARLOTTE FL 33948

**Mailing Address**  
4255 BEACH VIEW CT  
PORT CHARLOTTE FL 33948

**2. Principal Place of Business**  
1109 Tamiami Trail  
Suite, Apt. #, etc.  
Unit #5  
City & State  
Port Charlotte, FL  
Zip  
33953  
Country  
USA

**3. Mailing Address**  
1109 Tamiami Trail  
Suite, Apt. #, etc.  
Unit #5  
City & State  
Port Charlotte, FL  
Zip  
33953  
Country  
USA

**4. FEI Number**  
30-0132082

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

**6. Name and Address of Current Registered Agent**  
CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**  
Name  
Michael Anderson  
Street Address (P.O. Box Number is Not Acceptable)  
1109 Tamiami Trail, Unit 5  
City  
Port Charlotte FL Zip Code  
33953

**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]* DATE: 10/3/02

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	MICHAEL T. ANDERSON	1109 Tamiami Trail, Unit #5	PORT Charlotte, FL 33953	<input type="checkbox"/>
TS	Scott Quinn	4255 BEACHVIEW CT.	PORT Charlotte, FL 33953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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: *[Signature]* DATE: 10/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)