

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90126 018 \*\*\*150.00

**DOCUMENT # P02000117762**

1. Entity Name  
**PHOX GRAPHICS INC.**

*[Handwritten Signature]*



Principal Place of Business  
**474 NW 49 AVE  
PLANTATION FL 33317**

Mailing Address  
**474 NW 49 AVE  
PLANTATION FL 33317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**30-0129464**

Applied For

Not Applicable

Zip

Country

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

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH ST  
MIAMI BCH FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CEPHAS, NEVILLE G**  
STREET ADDRESS **474 NW 49 AVE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NATION, SUZANNE C**  
STREET ADDRESS **474 NW 49 AVE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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: SUZANNE C NATION** **6/18/03** **954** **467-8330**

CR2E034 (4/03)

Attachment

90145121  
PO2000117762

**PHOX GRAPHICS INC.**

474 NW 49th Ave  
Plantation, Fl. 33317  
EIN# 30-0129464

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

July 18, 2003

To Whom It May Concern,

Phox Graphics did not receive the prior 2003 uniform business report due between January 1 and May1. We are requesting the late fee of \$400 waived. Enclosed is the completed uniform business report and the original \$150.00 filing fee. Thank you for your attention to this matter. Should you have a questions or concern please don't hesitate to contact us at the above noted address.

Yours Sincerely,



Suzanne Nation  
(Vice President)

cc: [illegible]  
cc: [illegible]

cc: [illegible]

cc: [illegible]  
cc: [illegible]  
cc: [illegible]  
cc: [illegible]