

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90203 022 ***150.00

DOCUMENT # P92000010649

1. Entity Name
ARTGRAPHIC SIGNS, INC.



Principal Place of Business

~~10506 WOOD CHASE CIR~~
~~ORLANDO FL 32836~~
US

Mailing Address

~~7463 CONROY WINDERMERE RD~~
~~SUITE C~~
~~ORLANDO FL 32835~~
US

2. Principal Place of Business

440 W. Grant Street
Suite, Apt. #, etc.

3. Mailing Address

440 W. Grant St.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number 58-2024380

Applied For
Not Applicable

Zip 32806 Country USA

Zip 32806 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARVEY, BEVERLY

~~10506 WOODCHASE CIRCLE~~
~~ORLANDO FL 32836~~

Name Beverly Garvey

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

City Orlando FL Zip Code 32806

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 state 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GARVEY, BEVERLY
STREET ADDRESS 10506 WOOD CHASE CIR
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 440 W. Grant Street
CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/11/03

4072926162
Daytime Phone #

CR2E034 (10/02)