2000 UNIFORM BUSINESS REPORT (UBR)

Amended

090100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10: 10

DOCUMENT # P93000030258

1. Entity Name

Downtown Graphics, Inc

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
312 Clematis Street	
Suite, Apt. #, etc.: suite 408	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State
Zip: 33401 / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0406469 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~Raymond LoVoi~~
3229 32 Way
WPB, FL 33407

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President ☐ Delete	TITLE	Vice President ☐ Change ■ Addition
NAME	Ray LoVoi	NAME	Alex Lorenzo
STREET ADDRESS	312 Clematis St. suite 408	STREET ADDRESS	312 Clematis St. suite 408
CITY-ST-ZIP	WPB, FL 33401	CITY-ST-ZIP	WPB, FL 33401
TITLE	☐ Delete	TITLE	900003400788--9 ☐ Change ☐ Addition
NAME		NAME	-09/21/00--01024--019
STREET ADDRESS		STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	JB 9/14
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond LoVoi — 8/24/00 — (561) 832-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #