

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038368

1. Entity Name

KALEIDOSCOPE GRAPHICS, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90040 006 \*\*\*150.00

Principal Place of Business Mailing Address  
8413 LITTLETON ROAD 8413 LITTLETON ROAD  
N. FT. MYERS FL 33903 N. FT. MYERS FL 33903-2226  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0415967 Applied For  
Not Applicable

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

RUSSELL, DEAN A  
17 PARROT PLACE  
N. FT. MYERS FL 33917

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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	RUSSELL, DEAN A.	
STREET ADDRESS	17 PARROT PLACE	
CITY-ST-ZIP	N FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSELL, KENNETH D.	
STREET ADDRESS	1800 NW 24TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RUSSELL, ISABELLE L	
STREET ADDRESS	17 PARROT PLACE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSELL, JUDITH M	
STREET ADDRESS	1800 N.W. 24TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: Dean A. Russell DEAN A. RUSSELL 2-1-2000 941-995-1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)