

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91404 010 \*\*\*150.00

0399412 AV

DOCUMENT # **P93000045990**

1. Entity Name  
**PBE GRAPHICS WAREHOUSE, INC.**



Principal Place of Business  
**6533 SOUTHERN BLVD.  
STE 7  
WEST PALM BEACH FL 33413**

Mailing Address  
**6533 SOUTHERN BLVD.  
WEST PALM BEACH FL 33413**

20040941



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0436606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEVENS, JOHN D  
700 TEAL WAY  
NORTH PALM BEACH FL 33408**

Name **Richard I. Thompson**  
Street Address (P.O. Box Number is Not Acceptable)  
**1711 Blount Rd.**

City **Pompano Beach FL** Zip Code **33069**

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 *Richard I. Thompson*

Signature, typed or printed name of registered agent and title 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 **DP**  Delete  
NAME **STEVENS, JOHN D**  
STREET ADDRESS **12820 MARSH POINTE WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33408**

TITLE **President**  Change  Addition  
NAME **John D. Stevens**  
STREET ADDRESS **12820 Marsh Pointe Way**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33408**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President**  Change  Addition  
NAME **Christopher Thompson**  
STREET ADDRESS **3461 NW 112 Ave**  
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary**  Change  Addition  
NAME **Christopher McInerney**  
STREET ADDRESS **7 Memorial Street**  
CITY-ST-ZIP **Deerfield, MA 01342**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer**  Change  Addition  
NAME **Christine Meyers**  
STREET ADDRESS **3741 Pelican Bay Ct.**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director**  Change  Addition  
NAME **Richard I. Thompson**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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: *Christine Meyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-24-03** Daytime Phone # **954-974-9900**

CR2E034 (10/02)