

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055848

1. Entity Name

AMERICAN GRAPHIC COMMUNICATIONS, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90005 043 \*\*\*150.00

Principal Place of Business

2939 DUPONT AVE.  
JACKSONVILLE FL 32217

Mailing Address

2939 DUPONT AVE.  
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3195255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS P.A.  
50 NORTH LAURA ST.  
SUITE 3100  
JACKSONVILLE FL 32202

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 \$650.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MURPHY, KELLY P  
CITY-ST-ZIP 2939 DUPONT AVE  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

Daytime Phone #



Attachment  
P93000055848  
D0075908

July 29, 2000

FLorida Dept. of State  
Katerine Harris, Secretary of Stat  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern,

Please accept the enclosed payment of \$150.00 for registration of our company.

I called the office of the Division of Corporations and told them we did not receive the first notice that required the early payment of \$150.00. It was only after receiving the enclosed form that we realized we had not received the first one.

Therefore, I do not feel we should be penalized for paying late.

Sincerely,



Patrick F. Murphy  
General Manager

American Graphic Communications, Inc.