

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90062 017 ***150.00

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1. Entity Name
THE DESKTOP DEPOT, INCORPORATED

Principal Place of Business
**5688 INVERNESS CR.
N. FT. MYERS FL 33903**

Mailing Address
**5688 INVERNESS CR.
N. FT. MYERS FL 33903**

2. Principal Place of Business
**5662 LOCHNESS CT.
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. BOX 6182
Suite, Apt. #, etc.**

City & State
N. Ft. MYERS FL
Zip
33903
Country
U.S.

City & State
FT. MYERS FL
Zip
33911-6182
Country
U.S.

4. FEI Number
65-0478768

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, STEPHEN C
5688 INVERNESS CR.
N. FT. MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

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

5662 LOCHNESS CT.

City **N. Ft. MYERS**

FL

Zip Code
33903

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 **Stephen C. Graham**

1-18-03

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

TITLE **D** ☐ Delete
NAME **GRAHAM, STEPHEN C**
STREET ADDRESS **5688 INVERNESS CR.**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5662 LOCHNESS CT.**
CITY-ST-ZIP **N. Ft. MYERS FL 33903**

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

TITLE ☐ Change ☐ Addition
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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: **Stephen C. GRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03 239-707-0167

Date

Daytime Phone #

CR2E034 (10/02)