

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045327

1. Entity Name

A - OK GRAPHICS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90193 017 \*\*\*150.00

Principal Place of Business

1646 NE 16TH TERRACE  
OCALA FL 34470

Mailing Address

1646 NE 16TH TERRACE  
OCALA FL 34470-4675

2. Principal Place of Business

597 NW 100th St

3. Mailing Address

597 NW 100 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL

City & State

Ocala FL

4. FEI Number

59-3250149

Applied For

Not Applicable

Zip

34475

Country

USA

Zip

34475

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, VIVIEN L  
2522 SW 27TH AVE.  
OCALA FL 34474

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LIVICK, ALBERT L JR  
CITY-ST-ZIP 1646 NE 16TH TERRACE  
OCALA FL 34470

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LIVICK, TORTESA T  
CITY-ST-ZIP 1646 NE 16TH TERRACE  
OCALA FL 34470

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 597 NW 100th St.  
CITY-ST-ZIP Ocala, FL 34475

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 597 NW 100th St.  
CITY-ST-ZIP Ocala, FL 34475

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Tortesa T. Livick TORTESA T. LIVICK 4-11-00 (352) 351-8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 012 11/01/01