

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017079

1. Entity Name

GRAPHIC ALCHEMY INTERACTIVE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90104 005 ***150.00

Principal Place of Business

Mailing Address

3700 GALT OCEAN DR
STE 705
FT LAUDERDALE FL 33308
US

3700 GALT OCEAN DR
STE 705
FT LAUDERDALE FL 33428-4775
US

2. Principal Place of Business

12917 CLIFTON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12917 CLIFTON DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip
33428

Country
U.S.

City & State

BOCA RATON, FLORIDA

Zip
33428

Country
U.S.

4. FEI Number

65-0555468

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

MCCLARY, ANDREW L
3700 GALT OCEAN DR
STE 705
FT LAUDERDALE FL 33308

Name

McCLARY, ANDREW L.

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

12917 CLIFTON DRIVE

City

BOCA RATON

FL

Zip Code

33428

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLARY, ANDREW L	
STREET ADDRESS	3700 GALT OCEAN DR, STE 705	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLARY, CLAUDIA P	
STREET ADDRESS	3700 GALT OCEAN DR, STE 705	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCLARY, ANDREW L.	
STREET ADDRESS	12917 CLIFTON DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCLARY, CLAUDIA P.	
STREET ADDRESS	12917 CLIFTON DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

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

JAN 10, 2000
Date

Daytime Phone #

CR2E034 (9/99)