

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90966 031 \*\*\*150.00

**DOCUMENT # P95000094103**

1. Entity Name

**PRISM GRAPHICS, INC.**

Principal Place of Business

7907 BRIDLINGTON DRIVE  
 BOYNTON BEACH FL 33437

Mailing Address

7907 BRIDLINGTON DRIVE  
 BOYNTON BEACH FL 33437

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 **65-0630031**

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

**APPEL, ALICIA**  
**7907 BRIDLINGTON DRIVE**  
**BOYNTON BEACH FL 33437**

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

*Jeffrey Appel*

*5/29/01*

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>APPEL, JEFFREY</b>	
STREET ADDRESS	<b>7907 BRIDLINGTON DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>APPEL, ALICIA</b>	
STREET ADDRESS	<b>7907 BRIDLINGTON DR</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33437</b>	
TITLE	<b>Appel Steve</b>	<input type="checkbox"/> Delete
NAME	<b>7907 Bridlington Dr.</b>	
STREET ADDRESS	<b>Boynton Beach, Florida 33437</b>	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>EXEC Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeffrey APPEL</b>	
STREET ADDRESS	<b>7907 Bridlington Drive</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33437</b>	
TITLE	<b>Secretary Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALICIA APPEL</b>	
STREET ADDRESS	<b>7907 BRIDLINGTON DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVEN APPEL</b>	
STREET ADDRESS	<b>7907 BRIDLINGTON DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/24/01* **561-641-4700**  
 Date Daytime Phone #

CR2E034 (10/00)