

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009583

1. Entity Name
DOUGLAS E. DEWITT GRAPHIC DESIGN, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90055 003 ***150.00

Principal Place of Business
170 CREEKSIDE CIR
NEW SMYRNA BCH FL 32168
US

Mailing Address
170 CREEKSIDE CIR
NEW SMYRNA BCH FL 32168
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
746 LEE ST
Suite, Apt. #, etc.

3. Mailing Address
746 LEE ST
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number 65-0640272

Applied For
Not Applicable

Zip 32225 Country DUVAL

Zip 32225 Country DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEWITT, DOUGLAS E
1760 NW 92 AVE
PEMBROKE PINES FL 33024

NEW ADDRESS

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
746 LEE ST
City JACKSONVILLE FL Zip Code 32225

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: *DOUGLAS E. DEWITT, PRES.*
Douglas E. Dewitt

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. ☐

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

TITLE PD
NAME DEWITT, DOUGLAS E
STREET ADDRESS 170 CREEKSIDE CIR
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

746 LEE ST.
JACKSONVILLE, FL 32225

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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: *DOUGLAS E. DEWITT, PRES.*
Douglas E. Dewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)