

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90782 024 ***150.00

DOCUMENT # **P96000009583**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
746 LEE RD

Suite, Apt. #, etc.

3. Mailing Address
746 LEE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE

City & State
JACKSONVILLE

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**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City **JACKSONVILLE** FL **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.**

Signature required for principal place of registered agent and this, if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DEWITT, DOUGLAS E
746 LEE ST
JACKSONVILLE, FL 32225**

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with an officer like empowered.

SIGNATURE: **Douglas E. Dewitt, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Optional Phrase