

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90132 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000056486 1. Entity Name D & M GRAPHICS, INC.					
Principal Place of Business 1800 S OCEAN BLVD #811 POMPANO BEACH, FL 33062			Mailing Address 1800 S OCEAN BLVD #811 POMPANO BEACH, FL 33062		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0679353	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SAUNDERS, DIANA 1800 S OCEAN BLVD STE 811 POMPANO BEACH, FL 33062			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARX, MARCIA 1800 S OCEAN BLVD STE 811 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY MARCIA 5535 MOUNTAIN BAY DR MEMPHIS TN 38120	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUNDERS, DIANA 1800 S OCEAN BLVD STE 811 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREAS. D SAUNDERS, DIANA 1800 S OCEAN BLVD, STE 811 POMPANO BEACH, FL 33062	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Diana K. Saunders</u>			4/25/03 (954) 782-3358		

11029594



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)