(9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm-

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State P96000066208 **DOCUMENT #** 1. Entity Name 4-09-2002 90004 001 ***150 00 GRAPHIC IMAGES INTERNATIONAL, INC. Principal Place of Business Mailing Address 12950 58TH STREET NORTH. SU 12950 58TH STREET NORTH, #7 #7 CLEARWATER FL 33760 CLEARWATER FL 33760 118 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 59-3401151 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRITZ, RANDALL T Street Address (P.O. Box Number is Not Acceptable) 12950 58TH ST NORTH STF 7 **CLEARWATER FL 33760** Zip Code FL 8. The above name dentity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 55105M **SIGNATURE** rne of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE TITLE ☐ Change ☐ Addition □ Delete FRITZ, RANDALL T NAME NAME 12950 58TH ST NORTH, STE 7 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete FRITZ, JOSEPH F STREET ADDRESS 12950 58TH ST N #7 STREET ADDRESS **CLEARWATER FL 33760** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME LILLY, NATHAN 12950 58TH ST. N #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 oxygred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee em