

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90031 006 \*\*\*158.75

007579 AV

**DOCUMENT # P96000081620**

1. Entity Name

**GRAPHIC IMAGINATION, INC.**

Principal Place of Business

Mailing Address

**990 SUNSHINE LANE**

**990 SUNSHINE LANE**

**SUITE R**

**SUITE R**

**ALTAMONTE SPRINGS FL 32714**

**ALTAMONTE SPRINGS FL 32714**

**B0058496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**750 FLEET FINANCIAL CT.**

3. Mailing Address

**750 FLEET FINANCIAL CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LONGWOOD FL**

City & State

**LONGWOOD, FL**

4. FEI Number

**59-3406411**

Applied For

Not Applicable

Zip

**32750**

Country

**SEMINOLE**

Zip

**32750**

Country

**SEMINOLE**

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIDDERS, AMY  
 5545 LIGUSTRUM LOOP  
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. This 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

*Amy Siders*

*1/4/02*

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.

(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 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** ☐ Delete  
 NAME **SIDDERS, GARY JR**  
 STREET ADDRESS **5545 LIGUSTRUM LOOP**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **STD** ☐ Delete  
 NAME **SIDDERS, AMY**  
 STREET ADDRESS **5545 LIGUSTRUM LOOP**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **M** ☐ Delete  
 NAME **COX, JOHN M**  
 STREET ADDRESS **2709 WOODSIDE AVE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Amy Siders*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/02*  
 Date

Daytime Phone #

CR2E034 (9/01)