

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011779

1. Entity Name

INFOGRAPHIC, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90074 050 ***150.00

Principal Place of Business

Mailing Address

135 ATLAS DR
 APOPKA FL 32703

135 ATLAS DR
 APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

380 SEMORAN Commerce PL.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

4. FEI Number

59-3431477

Applied For

Not Applicable

Zip

Country

32703

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, DONALD B
 135 ATLAS DRIVE
 APOPKA FL 32703

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DONALD B. FLETCHER

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
 NAME: FLETCHER, DONALD B
 STREET ADDRESS: 135 ATLAS DR
 CITY-ST-ZIP: APOPKA FL 32703

☐ Delete

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

TITLE: VD
 NAME: LUCAS, MARCIA
 STREET ADDRESS: 135 NORTH ATLAS DRIVE
 CITY-ST-ZIP: APOPKA FL 32703

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA LUCAS

4-28-00

Date

407-464-9408

Daytime Phone #