

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90153 022 ***150.00

DOCUMENT # P97000033753

1. Entity Name
BLACK DOG GRAFIX, INC.

Principal Place of Business

1409 LAKE ERIE DR
 LAKE WORTH FL 33461
 US

Mailing Address

1409 LAKE ERIE DR
 LAKE WORTH FL 33461-1112
 US

2. Principal Place of Business

411 N. L Street

Suite, Apt. #, etc.

3. Mailing Address

411 N. L Street

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-0745561

Applied For

Not Applicable

Zip

33460

Country

Palm Beach

Zip

33460

Country

Palm Beach

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

HAMILTON, JOAN
 2625 NE 6 AVE
 WILTON MANORS FL 33334

Name Susan E. Roegiers

Street Address (P.O. Box Number is Not Acceptable)
1375 Sabal Lakes Road

City Delray Beach **FL** Zip Code 33445

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 Susan E Roegiers

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P CONKLIN, CHARLENE M**
 STREET ADDRESS **1409 LAKE ERIE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

Change Addition
 TITLE
 NAME
 STREET ADDRESS 411 N. L Street
 CITY-ST-ZIP Lake Worth FL 33460

TITLE Delete
 NAME **D MILLSTONE, DAN**
 STREET ADDRESS **1409 LAKE ERIE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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Change Addition
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 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: Charlene Conklin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 561-541-62535
 Date Daytime Phone #

CR2E034 (9/99)