

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037164

1. Entity Name

BOCA GRAPHIC DESIGN, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90359 013 ***150.00

0437089 AV

Principal Place of Business
9907 SPANISH ISLES DRIVE
BOCA RATON FL 33496

Mailing Address
9907 SPANISH ISLES DRIVE
BOCA RATON FL 33496



2. Principal Place of Business

3. Mailing Address

20423 State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F6-294

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0747467

Applied For

Not Applicable

Zip

Country

Zip

33498

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPPLIN, ERIN C
9907 SPANISH ISLES DRIVE
BOCA RATON FL 33496

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 signature required when reinstating)

DATE

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

D
KOPPLIN, OLIVER
9907 SPANISH ISLES DRIVE
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

D
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☐ 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:

OLIVER KOPPLIN OLIVER KOPPLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2003

Date

561-715-0369

Daytime Phone #

CR2E034 (10/02)