

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90158 003 ***150.00

DOCUMENT # P97000075216

1. Entity Name
EXOGRAPHIX, INC.

Principal Place of Business

226 A HWY 98 E.
 DESTIN FL 32541

Mailing Address

226 A HWY 98 E.
 DESTIN FL 32541

2. Principal Place of Business

513 E. HWY 98

3. Mailing Address

513 E. HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3472572

Applied For

Not Applicable

Zip

32541

Country

Zip

32541

Country

USA

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

BULLARD, JEFFREY B

~~103 MIRACLE STRIP PARKWAY~~

~~FORT WALTON BEACH FL 32548~~

513 east hwy 98

Destin, FL 32541

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

JOEY HAMILTON V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BULLARD, JEFFREY B	
STREET ADDRESS	329 KEPNER DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HAMILTON, JOEY	
STREET ADDRESS	226 B HWY 98 E 303 Cypress St	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/02 850 654-5038

CR2E034 (4/02)

Attachment

9/9/02

#P97000075216

We had temp. closed in oct 2001. We were remodeling our new location and not receiving any mail at new location. Because of mix-up at post office. we just now received this form.

thank you

Jay T. Hall

V.P. Exo graphics