

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90239 046 \*\*\*150.00

DOCUMENT # P97000086038

1. Entity Name

PRO GRAPHICS ADVERTISING, INC.

Principal Place of Business

2900 GARDEN DRIVE  
COOPER CITY FL 33026

Mailing Address

2900 GARDEN DRIVE  
COOPER CITY FL 33026

2. Principal Place of Business

2932 SAN JOSE AVE  
Suite, Apt. #, etc.

3. Mailing Address

2932 SAN JOSE AVE  
Suite, Apt. #, etc.

City & State

COOPER CITY FL

City & State

COOPER CITY FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. FEI Number

65-0784958

Applied For

Not Applicable

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

SCHMIDBAUER, JOHN M  
2900 GARDEN DRIVE  
COOPER CITY FL 33026

Name

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

2932 SAN JOSE AVE

City COOPER CITY

FL

Zip Code 33026

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.

(NOTE: Registered Agent signature required when reinstating)

4-15-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDBAUER, JOHN M 2900 GARDEN DRIVE COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDBAUER, PATRICIA L 2900 GARDEN DRIVE COOPER CITY FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2932 SAN JOSE AVE COOPER CITY FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2932 SAN JOSE AVE COOPER CITY FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-15-01

Date

954-704-9233

Daytime Phone #

CR2E034 (10/00)