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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
03-14-2001 90501 036 ***150.00

DOCUMENT # P98000017691

1. Entity Name
GRAPHX ENGINEERING, INC.

Principal Place of Business	Mailing Address
~~100 RIALTO PLACE~~ ~~SUITE 527~~ MELBOURNE FL 32901	~~100 RIALTO PLACE~~ ~~SUITE 527~~ MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 W. HIBISCUS BLVD	1696 W. HIBISCUS BLVD
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B
City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32901 Country US BREVARD	Zip 32901 Country BREVARD

4. FEI Number 59-3494607 ☐ 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
~~WALLACE, SCOTT G~~ ~~250 NORTH ORANGE AVENUE~~ ~~ELEVENTH FLOOR~~ ~~ORLANDO FL 32801~~	Name: RICHARD E. WHITAKER Street Address (P.O. Box Number is Not Acceptable): 3191 MAGUIRE BLVD SUITE 160 City: ORLANDO FL Zip Code: 32803-3289

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP WALTER, JOHN T ~~100 RIALTO PLACE, SUITE 527~~ MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1696 W. HIBISCUS BLVD, SUITE B MELBOURNE, FL 32901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WALTER, JOHN J ~~100 RIALTO PLACE, SUITE 527~~ MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1696 W. HIBISCUS BLVD, SUITE B MELBOURNE, FL 32901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS WALTER, CATHERINE B ~~100 RIALTO PLACE, SUITE 711~~ MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1696 W. HIBISCUS BLVD., SUITE B MELBOURNE, FL 32901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Catherine B Walter TREASURER/SECT. CATHERINE B. WALTER 3/12/01 (321) 733-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #