

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

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

~~100 RIALTO PLACE~~
~~SUITE 527~~
MELBOURNE FL 32901

Mailing Address

~~100 RIALTO PLACE~~
~~SUITE 527~~
MELBOURNE FL 32901

2. Principal Place of Business

1696 W. HIBISCUS BLVD

Suite, Apt. #, etc.

SUITE B

City & State

MELBOURNE, FL

Zip

32901

Country

U.S. BREVARD

3. Mailing Address

1696 W. HIBISCUS BLVD

Suite, Apt. #, etc.

SUITE B

City & State

MELBOURNE, FL

Zip

32901

Country

BREVARD



DO NOT WRITE IN THIS SPACE

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

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

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WALTER, JOHN T	
STREET ADDRESS	100 RIALTO PLACE, SUITE 527	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALTER, JOHN J	
STREET ADDRESS	100 RIALTO PLACE, SUITE 527	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	WALTER, CATHERINE B	
STREET ADDRESS	100 RIALTO PLACE, SUITE 711	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1696 W. HIBISCUS BLVD, SUITE B	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1696 W. HIBISCUS BLVD, SUITE B	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1696 W. HIBISCUS BLVD, SUITE B	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **CATHERINE B. WALTER** **CATHERINE B. WALTER** **3/12/01 (321) 733-7607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)