

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90002 043 \*\*\*150.00

**DOCUMENT # P98000019152**

1. Entity Name

**ASAP GRAPHIX & SIGNS, INC.**

Principal Place of Business

Mailing Address

2581 JUPITER PARK DR., STE. F5  
 JUPITER FL 33458

2581 JUPITER PARK DR., STE. F5  
 JUPITER FL 33458-6006

00036158

2. Principal Place of Business

15895 93<sup>rd</sup> St. N.  
 Suite, Apt. #, etc.

3. Mailing Address

15895 93<sup>rd</sup> St. N.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

65-0826577

Applied For

Not Applicable

Zip

33412 Palm Bch

Country

Zip

33412 Palm Bch

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAGERSTROM, JANET C  
 2581 JUPITER PARK DR., STE. F5  
 JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Angela C Koch

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

15895 93<sup>rd</sup> St. N.

West Palm Beach

FL

Zip Code

33412

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

3/9/00

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, 2000 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	PVP	<input type="checkbox"/> Delete
NAME	KOCH, ANGELA	
STREET ADDRESS	2830 WILDERNESS RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KOCH, ANGELA	
STREET ADDRESS	2830 WILDERNESS RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
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	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Koch	
STREET ADDRESS	15895 93 <sup>rd</sup> St. N.	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Koch	
STREET ADDRESS	15895 93 <sup>rd</sup> St. N.	
CITY-ST-ZIP	West Palm Beach, FL 33412	
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:

Angela C Koch Pres.

3/9/00

Date

Daytime Phone #

CR2E034 (9/99)