

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025083

1. Entity Name

GRAPHIC CENTRAL STATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90039 030 ***150.00

Principal Place of Business 3622 GALLION ROAD JACKSONVILLE FL 32207 US	Mailing Address 3622 GALLION ROAD JACKSONVILLE FL 32207-6823 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498969	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUTER, MARY E 1944 ATLANTIC BOULEVARD JACKSONVILLE BEACH FL 32250
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7. Name and Address of New Registered Agent Name: Luter Mary E Street Address (P.O. Box Number is Not Acceptable): 1944 Atlantic Blvd City: Jacksonville FL Zip Code: 32207
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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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTER, GREGORY H 1944 ATLANTIC BOULEVARD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTER, MICHAEL A 1944 ATLANTIC BOULEVARD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTER, JOSEPH H JR. 1944 ATLANTIC BOULEVARD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTER, MARY E 1944 ATLANTIC BOULEVARD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:

Mary Ellen Luter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00
Date Daytime Phone #

CR2E034 (9/99)