

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90078 043 \*\*\*158.75

**DOCUMENT # P98000033375**

1. Entity Name  
**GRAFFITI SPORTS FASHION, INC.**

Principal Place of Business

**13131 E HWY 316  
 FT MCCOY FL 32134**

Mailing Address

**25049 NE 130TH PLACE  
 SALT SPRINGS FL 32134**

2. Principal Place of Business

3. Mailing Address

**DENNIS SAUNDERS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO BOX 652**

City & State

City & State

**FORT MCCOY FLORIDA**

4. FEI Number

**59-3506223**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32134**

**USA**

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

**CUTRER, KEITH  
 332 ST JOHNS AVE  
 PALATKA FL 32177**

Name

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

City

**FL**

Zip Code

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, 2002 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	<b>PVST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROLEY, KEITH</b>	
STREET ADDRESS	<b>25049 NE 130TH PLACE</b>	
CITY-ST-ZIP	<b>SALT SPRINGS FL 32134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS SAUNDERS</b>	
STREET ADDRESS	<b>14028 N.E. 171<sup>ST</sup> PI</b>	
CITY-ST-ZIP	<b>EUREKA FLORIDA 32134</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSE MARIE SIMMONS</b>	
STREET ADDRESS	<b>14028 NE 171 PI</b>	
CITY-ST-ZIP	<b>EUREKA FL 32134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dennis Saunders** **4-26-02 352-236-0039**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)