

**2001 UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2  
 09-05-2001 90008 013 \*\*\*150.00  
 P98000068263

**DOCUMENT # P98000068263**  
 1. Entity Name  
**GORILLA GRAPHICS INC.**

Principal Place of Business Mailing Address  
 11398 ASHBORO DR. P.O. BOX 555936  
 ORLANDO FL 32837 ORLANDO FL 32855

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3565231** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIEVERS, STEVEN**  
**11398 ASHBORO DR**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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	<input type="checkbox"/> Delete <b>P</b> <b>SIEVERS, STEVEN</b> <b>11398 ASHBORO DR</b> <b>ORLANDO FL 32837</b>	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
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
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: \_\_\_\_\_ Date: **8-1-01** Daytime Phone #: **407-841-4357**

FILED  
 01 SEP 17 PM 4:49  
 00062530  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

PAGE 2012

P9600069F04

00003381

To Whom It May Concern:

I whole-heartedly apologize for the most regrettable lateness if the filing of the corporate uniform business report. I honestly don't know where the last months have gone. I am enclosing the regular filing fees for this report and hoping you will be able to waive the penalties or at least decrease them and allow me the opportunity to make payments. My finances are not very stable at this time. My mind has been a million different places.

My mother's health is not improving (she's in a home for the mentally challenged in CA). My father had a five-way bi-pass. Both of the people I've known longest in my life besides my parents have had serious hospitalizing health problems this year. This just after my brother's passing. Now my youngest son's pediatrician says he has a hearing problem, which could be the cause of his speech impediment.

I don't mean to burden you with my problems, with God's help we'll all carry on. Although any thing you could do to help me with these penalties would be greatly appreciated.

Respectfully,



Steven Sievers