2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068263 1. Entity Name GORILLA GRAPHICS INC.				Secretary of State 04-07-2002 90071 028 ***150.00	
Principal Plac 11396 ASHBU ORLANDO FL	RO DR.	Mailing Address P.O. BOX 555936 ORLANDO FL 32855		I (Adriada ind isla) aski dalki daki daki daki daki dika sakid di	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	9	City & State		4. FEI Number	
Zjo	Country	Zip	Country	Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name	بالما فالمغار والمستحدد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد	
SIEVERS, STEVEN		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	HBORO DR				
UKLANDU) FL 32837		City	Zip Code	
8. The above				gistered agent, or both, in the State of Florida.	
Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW!!!	FEE IS \$150.00 Fee will be \$550.0 to Department of	10. Election Campaign Financing \$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	P SIEVERS, STEVEN 11396 ASHBORO DR ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. 4107-839-0049