

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90556 011 ***155.00

DOCUMENT # P98000071600

1. Entity Name
GRAPHIC INFLUENCE, INC.

Principal Place of Business

**10851 HAYDN DR
 BOCA RATON FL 33498
 US**

Mailing Address

**10851 HAYDN DR
 BOCA RATON FL 33498
 US**

4-3-23-91



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

832 SE 4th Court

Suite, Apt. #, etc.

3. Mailing Address

832 SE 4th Court

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-0857919

Applied For

Not Applicable

Zip

Country

33441 Broward

Zip

Country

33441 Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VICCIONE, MARY E
 10851 HAYDN DR
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

Mary Elizabeth Viccione

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

TITLE **PC** ☐ Delete
 NAME **VICCIONE, MARYELIZABETH**
 STREET ADDRESS **10851 HAYDN DR.**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **832 SE 4th Court**
 CITY-ST-ZIP **Deerfield Beach FL 33441**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Mary Elizabeth Viccione
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

**954 596 4418
 954 428-2820**
 Daytime Phone #

CR2E034 (9/01)