

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90160 025 ***150.00

DOCUMENT # P98000083271

1. Entity Name
INK SPOT GRAPHICS, INC.



Principal Place of Business
**225 W. RIVERBEND DRIVE
FT LAUDERDALE FL 33326**

Mailing Address
**225 W. RIVERBEND DRIVE
FT LAUDERDALE FL 33326**



2. Principal Place of Business
4911 SW 111 Terrace
Suite, Apt. #, etc.

3. Mailing Address
4911 SW 111 Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL
Zip
33328
Country
USA

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Fort Lauderdale, FL
Zip
33328
Country
USA

4. FEI Number
65-0866201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUZZARELLI, LINDA
225 W. RIVERBEND DRIVE
FT LAUDERDALE FL 33326**

7. Name and Address of New Registered Agent

Name
Muzzarelli, Linda
Street Address (P.O. Box Number is Not Acceptable)
4911 SW 111 Terrace
City
Ft. Lauderdale FL Zip Code
33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MUZZARELLI, LINDA 225 W. RIVERBEND DRIVE FT LAUDERDALE FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MUZZARELLI, GARY 225 W. RIVERBEND DRIVE FT LAUDERDALE FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MUZZARELLI, LINDA 4911 SW 111 Terrace Ft. Lauderdale, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MUZZARELLI, Gary 4911 SW 111 Terrace Ft. Lauderdale, FL 33328
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Muzzarelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/03 **954-252-5181**

CR2E034 (10/02)