2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

May 19, 2002 8:00 am Secretary of State P98000085911 DOCUMENT # 1. Entity Name SPECIALTY GRAPHIC FINISHING, INC. 05-19-2002 90252 037 ***150.00 Mailing Address Principal Place of Business 2829 N.E. 30TH STREET., #304 2829 N.E. 30TH STREET.. #304 201103 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0869275 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent لم الدام مناه ما وجمعه بالراز الداميا الرحميين BENSON, KERRY Street Address (P.O. Box Number is Not Acceptable) 2829 N.E. 30TH STREET., #304 FT LAUDERDALE FL 33306 Zip Code City Fl 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete TITLE BENSON, KERRY NAME NAME STREET ADDRESS STREET ADDRESS 2829 N.E. 30TH STREET., #304 CITY-ST-ZIP FT LAUDERDALE FL 33306 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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

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