

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90030 019 \*\*\*150.00

**DOCUMENT # P98000087731**

1. Entity Name

**COLOR KEY GRAPHICS CORPORATION**

Principal Place of Business

**6860 GULFPORT BLVD S #241  
 ST PETERSBURG FL 33707**

Mailing Address

**2717 SEVILLE BOULEVARD  
 APT. 4201  
 CLEARWATER FL 33764**

2. Principal Place of Business

**19201 Vista Lane**

Suite, Apt. #, etc.

**B-8**

3. Mailing Address

**19201 Vista Lane**

Suite, Apt. #, etc.

**B-8**

City & State

**Indian Shores, FL.**

City & State

**Indian Shores, FL.**

Zip

**33785**

Country

**Pinellas**

Zip

**33785**

Country

**Pinellas.**

4. FEI Number

**59-3538957**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FOGLESON, WILLIAM G**

**10050 YACHT CLUB DR S**

**TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name

**Fogleson, William G**

Street Address (P.O. Box Number is Not Acceptable)

**19201 Vista Lane**

**B-8**

City

**Indian Shores**

**FL**

Zip Code

**33785**

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 William G Fogleson

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/02**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOGLESON, WILLIAM</b>	
STREET ADDRESS	<b>10050 YACHT CLUB DR. S.</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
TITLE	<b>Fogleson, William</b>	<input type="checkbox"/> Delete
NAME	<b>19201 Vista Lane</b>	
STREET ADDRESS	<b>B-8</b>	
CITY-ST-ZIP	<b>Indian Shores FL. 33785</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William G Fogleson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/02 727-593-9283**

CR2E034 (9/01)