

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088690

1. Entity Name

GRAFFIC TRAFFIC, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90017 034 ***150.00

Principal Place of Business

3000 34TH ST SOUTH
#9
ST. PETERSBURG FL 33711
US

Mailing Address

501 116TH AVENUE NORTH APT. 118
ST. PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

3000 34TH S. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33711

FLORIDA

4. FEI Number 59-3546053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPOMI, FRANK X
501 116TH AVENUE NORTH APT. 118
ST. PETERSBURG FL 33716

Name

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

3000 34TH ST. SOUTH #9

City

ST PETERSBURG

FL

Zip Code

33711

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LIPOMI, FRANK X
STREET ADDRESS 501 116TH AVE N APT 118
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

TITLE PD
NAME FRANK X LIPOMI
STREET ADDRESS 3595 41ST LN. S. #48A
CITY-ST-ZIP ST. PETERSBURG FL. 33711 ☒ Change ☐ Addition

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 ☐ Addition

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 ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Frank X Lipomi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01 727 8671818

CR2E034 (10/00)