

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90048 035 ***150.00

DOCUMENT # P98000092799

1. Entity Name
GRAPHIC SPECIALISTS, INC.



Principal Place of Business
17557 CHARNWOOD DR.
BOCA RATON FL 33498

Mailing Address
17557 CHARNWOOD DR.
BOCA RATON FL 33498



2. Principal Place of Business
531 N. Ocean Blvd.

3. Mailing Address
531 N. Ocean Blvd.

Suite, Apt. #, etc.
#1109

Suite, Apt. #, etc.
#1109

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33062

Country
USA

Zip
33062

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0882840**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, MICHAEL
17557 CHARNWOOD DR.
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name **Schwartz, Michael**
Street Address (P.O. Box Number is Not Acceptable)
531 N. Ocean Blvd. #1109
City **Pompano Beach** FL Zip Code **33062**

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 **4/8/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MICHAEL	
STREET ADDRESS	17557 CHARNWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MICHAEL	
STREET ADDRESS	17557 CHARNWOOD DR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Michael	
STREET ADDRESS	531 N. Ocean Blvd #1109	
CITY-ST-ZIP	Pompano Beach, FL. 33062	
TITLE	P. Schwartz, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Michael	
STREET ADDRESS	531 N. Ocean Blvd. #1109	
CITY-ST-ZIP	Pompano Beach, FL. 33062	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

954-942-8154

Daytime Phone #

CR2E034 (10/02)