

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90037 004 ***150.00

DOCUMENT # P98000094986

1. Entity Name
STREET GRAPHICS, INC.



Principal Place of Business
**131 NE COMMERCIAL CIRCLE
KEYSTONE HEIGHTS FL 32656**

Mailing Address
**PO BOX 443
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3543700**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TAYLOR AND TAYLOR
420 S LAWRENCE BLVD
KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **PARMER, EDWARD**
STREET ADDRESS **463 SE 52ND ST**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **VP** ☐ Delete
NAME **WILLIAM, DOUGLAS**
STREET ADDRESS **6760 BEDFORD LAKE RD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **VP** ☒ Delete
NAME **PARMER, BRIAR**
STREET ADDRESS **463 SE 52ND ST**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **VP** ☒ Delete
NAME **JARMAN, ROBERT**
STREET ADDRESS **2034 REX ROBINSON RD**
CITY-ST-ZIP **MERIDIAN MS 39301**

TITLE **VP** ☒ Delete
NAME **JOHNSON, TERRY**
STREET ADDRESS **1503 BLUE SLIDE RD**
CITY-ST-ZIP **THOMPSON FALLS MT 59873**

TITLE **ST** ☒ Delete
NAME **BENZ, BENJAMIN F**
STREET ADDRESS **109 SOUTH STREET**
CITY-ST-ZIP **MELROSE FL 32666**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **VP and ST**
STREET ADDRESS **Parmer, Briar**
CITY-ST-ZIP **463 SE 52nd St
Keystone Hgts, FL 32656**

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

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

TITLE ☐ Change ☐ 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:

BRIAR PARMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

352-473-2828

Daytime Phone #

CR2E034 (10/02)