2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90177 049 ***150.00

DOCUMENT # P98000102563

1. Entity Name
APPLIED COMPUTER GRAPHICS, INC.

A0067151

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4553 GRAND BLUD. SUITE 205 NEW PORT RICHEY, FL 34652	

2. Principal Place of Business	3. Mailing Address
7231 ARBORVIEW LN	7231 ARBORVIEW LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY
Zip: 34653 Country: PASCO	Zip: 34653 Country: PASCO

4. FEI Number: 593545396 ☐ 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
LES SAMSEL 4553 GRAND BLUD NEW PORT RICHEY, FL 34652	Name: LES SAMSEL Street Address (P.O. Box Number is Not Acceptable): 7231 ARBORVIEW LN City: NEW PORT RICHEY FL Zip Code: 34653

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: Les Samsel 4-26-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUSAN SAMSEL 4553 GRAND BLVD. NPR, FL 34652	☐ Delete	7231 ARBORVIEW LN NEW PORT RICHEY, FL 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LES SAMSEL 4553 GRAND BLVD NPR, FL 34652	☐ Delete	7231 ARBORVIEW LN NEW PORT RICHEY, FL 34653	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Les Samsel VPD 4/26/01 727-848-3972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #