## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attach

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State **DOCUMENT #** P98000106441 1. Entity Name 03-06-2002 90132 049 \*\*\*150 00 VAN DYKE GRAPHICS, INC. Principal Place of Business Mailing Address 2836 MUGLONE LANE 2836 MUGLONE LANE NORTH PORT FL 34286-4327 NORTH PORT FL 34286-4327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0888832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN DYKE JACKSON, JEANNE R Street Address (P.O. Box Number is Not Acceptable) 2836 MUGLONE LANE NORTH PORT FL 34286-4327 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Change ← ☐ Addition NAME JACKSON, DARIN A NAME STREET ADDRESS 2836 MUGLONE LANE STREET ADDRESS CITY-ST-ZIE NORTH PORT FL 34286-4327 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME van dyke-jackson, jeanne r NAME STREET ADDRESS 2836 MUGLONE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34286-4327 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

VICE PERSIDENT

FILED