FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 11 PM 2:45

DOCUMENT # P98000108110

1. Entity Name
Omnigraphics International, Inc.

DO NOT WRITE IN THIS SPACE

900015748979
04/11/03--01034--006 **150.00

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2. Principal Place of Business	3. Mailing Address
4198 Losillias Drive	4198 Losillias Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarsota, Florida
Zip: 34238 Country: USA	Zip: 34238 Country: USA

4. FEI Number 650597336 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Camille J. Iurillo, Esquire
Street Address (P.O. Box Number is Not Acceptable): 4301 Anchor Plaza Parkway, Suite 300
City: Tampa FL Zip Code: 33634

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] DATE: 4/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	Michael Maggio
STREET ADDRESS	4198 Losillias Drive
CITY-ST-ZIP	Sarasota, FL 34238
TITLE	DST
NAME	Nicole M. Maggio
STREET ADDRESS	4198 Losillias Drive
CITY-ST-ZIP	Sarasota, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date: 4/2/03 Daytime Phone #: 941 927-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR