

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007579

1. Entity Name  
GRAFFIC JAM, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90015 034 \*\*\*150.00

Principal Place of Business  
7821 N DALE MABRY HWY. SUITE 114  
TAMPA FL 33614

Mailing Address  
7821 N DALE MABRY HWY. SUITE 114  
TAMPA FL 33614-3201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7823 N. DALE MABRY HWY.

3. Mailing Address  
7823 N. DALE MABRY HWY.

Suite, Apt. #, etc.  
102 SUITE

City & State  
TAMPA FLORIDA

4. FEI Number  
59-3555079

Applied For  
Not Applicable

Zip  
33614

Country  
USA

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

6. Name and Address of Current Registered Agent  
DRUMMOND, TEMPLE H  
C/O KASS HODGES P.A.  
1505 N FLORIDA AVE  
TAMPA FL 33602

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUHA, VICTOR J		NAME	BRUHA, VICTOR J	
STREET ADDRESS	7821 N DALE MABRY HWY, SUITE 114		STREET ADDRESS	7823 N. DALE MABRY, STE. 102	
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR J BRUHA 4/30/00 813/935-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)