

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009267

1. Entity Name

HUMMINGBIRD GRAPHICS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91291 027 ***150.00

Principal Place of Business

5919 N ARMENIA AVE
TAMPA FL 33603

Mailing Address

5919 N ARMENIA AVE
TAMPA FL 33603

AUUB7J44



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3605131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PARTLOW, DAVID L~~
4100 W. KENNEDY BLVD., SUITE 210
TAMPA FL

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

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

TITLE D
NAME MCCAFFERY, EDWARD JAMES
STREET ADDRESS 719 PENMSULAR ST
CITY-ST-ZIP TAMPA FL 33603 ☐ Delete

TITLE D
NAME MCCAFFERY, EDWARD THOMAS
STREET ADDRESS 809 W. WARREN AVE.
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-01

813 871-5566

CR2E034 (10/00)

Hummingbird Graphics Inc.

5919 N. Armenia Ave.

Tampa, Fl. 33603

(813) 871-5566 Fax (813) 871-5766

May 7, 2001

Attachment
OFF 099000009267
AW67924

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern,

Please accept my apology for the delay in filing this (UBR) report. Enclosed is \$150.00 as directed. I called your department to ask what I should do and was told to write and explain my dilemma.

I help out on a part-time basis and this form was in the April file. Today I was clearing out the file and I came across this form.

Please accept my excuse. My son has nothing to do with my ineptness. I am trying to find a very capable, efficient employee to take over for me.

Please believe me when I say, "I'm a much better mother than I am a secretary."

Thank you for your kind consideration. I really don't want to cost my son more money. I'm so sorry.

Sincerely,
Katherine McCaffery