

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048548

1. Entity Name
GRAPHICOLOGY INC.

GRAPHICOLOGY INC.

Principal Place of Business

1602 W. RIVER DR.
MARGATE FL 33063

Mailing Address

1602 W. RIVER DR.
MARGATE FL 33063

1602 W. RIVER DR.
MARGATE FL 33063

FILED
00 JUL 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

6504 W. Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address

6504 W. Atlantic Blvd
Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

USA

City & State

MARGATE, FL

Zip

33063

Country

USA

4. FEI Number

65-0955827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUSHMAN, ROBERT
6506 BRAVA WAY
BOCA RATON FL 33433

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S Steven T. Engelman
STREET ADDRESS	6504 W. Atlantic Blvd.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/T Lisa R Engelman
STREET ADDRESS	6504 W. Atlantic Blvd.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Steven T. Engelman / Steven Engelman 6/16/00 954-968-6640

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Graphicology, Inc.
6504 West Atlantic Boulevard
Margate, Florida 33063
Phone: (954) 968-6640
Fax: (954) 968-3938
www.graphicology.com
Email: info@graphicology.com

July 14, 2000

To
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Regarding
Uniform Business Report Filing

Dear Sir or Madam,

I am writing this letter to explain why our Uniform Business Report was filed late.

We relocated our business from 1602 W. River Dr. in Margate, FL to 6504 W. Atlantic Blvd. in Margate, FL in December of 1999.

As new business owners we were unaware of this filing requirement, so we did not know to expect its arrival.


When we relocated the business, our mail was not forwarded by the prior landlord until June 12, 2000.

We respectfully request that your division please waive this \$400.00 fee.

We will not allow this delinquency in filing to occur again, now that we are aware of it.

Thank you for your consideration.

Sincerely,



Lisa Engelman
Owner

All quotes good for 30 days. Tax not included and will be added, unless otherwise stated.
Terms are 50% deposit, and 50% upon delivery, unless otherwise stated.