

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90191 039 \*\*\*150.00

**DOCUMENT # P99000050201**

1. Entity Name

**FOX GRAPHIC DESIGN STUDIO, INC.**

Principal Place of Business

**116 SANTA CLARA DRIVE  
 7  
 NAPLES FL 34104**

Mailing Address

**116 SANTA CLARA DRIVE  
 7  
 NAPLES FL 34104**

2. Principal Place of Business

**1439 Capri Lane  
 Suite, Apt. #, etc.  
 Apt 5712  
 City & State  
 Weston FL  
 Zip  
 33326  
 Country  
 USA**

3. Mailing Address

**1439 Capri Lane  
 Suite, Apt. #, etc.  
 Apt 5712  
 City & State  
 Weston FL  
 Zip  
 33326  
 Country  
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3586571**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FAGA, ANTONIO ESQ.  
 375 12TH AVENUE SOUTH  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **MARK KING**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3890 W. Commercial Blvd  
 # 214  
 City  
 Ft Lauderdale FL Zip Code  
 33309**

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 reappointing)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOX, CRYSTEL 2430 SHADOWLAWN DR SUITE 14 NAPLES 34 112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FOX CRYSTEL 1439 Capri Lane Apt 5712 Weston FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**CRYSTEL FOX**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)