

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052849

1. Entity Name

COMMUNET GRAPHICS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90025 037 ***150.00

Principal Place of Business

Mailing Address

608 SEA OATS DRIVE
DESTIN FL 32541

608 SEA OATS DRIVE
DESTIN FL 32541-2418

2. Principal Place of Business

308 Curacao Way

3. Mailing Address

308 Curacao Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville

City & State

Niceville FL

4. FEI Number

59-3581532

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELMICH, KEVIN M ESQ
34851 EMERALD COAST PARKWAY SUITE 100
DESTIN FL 32541

Name

Kocher, Blair

Street Address (P.O. Box Number is Not Acceptable)

308 Curacao Way

City

Niceville

FL

Zip Code

32578

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: *Blair J Kocher*

Pres

5-1-2000

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, 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** ☒ Delete
NAME **SATERFIELD, CAROL**
STREET ADDRESS **608 SEA OATS DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **KOCHER, BLAIR**
STREET ADDRESS **608 SEA OATS DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **President** ☒ Change ☐ Addition
NAME **Kocher, Blair**
STREET ADDRESS **308 Curacao Way**
CITY-ST-ZIP **Niceville FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Blair J Kocher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

850-897-0322

Daytime Phone #

CR2E034 (9/99)