

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90108 036 ***150.00

DOCUMENT # P99000059843



1. Entity Name
SOUTH GRAPHICS, INC.

Principal Place of Business
**1841 S DIXIE HWY
POMPANO BEACH FL 33060**

Mailing Address
**1841 S DIXIE HWY
POMPANO BEACH FL 33060**



2. Principal Place of Business
**1450 S.W. 3rd Street
Suite, Apt. #, etc.
Ste - A-10**

3. Mailing Address
**SAME
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL

City & State

4. FEI Number
65-0930049

Applied For
☐ Not Applicable

Zip
33069

Country
USA

Zip

Country

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

**FILTEAU, MICHEL
263 N.W. 121ST TERRACE
CORAL SPRINGS FL 33071**

Name
3507 OAKS WAY #503
Street Address (P.O. Box Number is Not Acceptable)
City
POMPANO BEACH FL Zip Code
33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FILTEAU, MICHAEL
3507 OAKS WAY #503
POMPANO BEACH FL 33069** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL FILTEAU 04/17/03 954-781-0468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)