

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060355

Entity Name

Graphic Engineering, Inc.

Principal Place of Business

15 Donald Street
Jacksonville, FL 32205

Mailing Address

4568 Palmetto Cove Lane
Jacksonville, FL 32258

Principal Place of Business

149 Donald Street
Suite, Apt. #, etc.

3. Mailing Address

4568 Palmetto Cove Lane
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3607478

Applied For

Not Applicable

Zip

32205

Country

DUAL

Zip

32258

Country

DUAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Samuel L. LePrell, Attorney Counselor at Law
Suite 201, St. Mark's Place
1930 San Marco Boulevard
Jacksonville, FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NEW WITH FEE OF \$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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President & Treasurer
Philip C. Jarrett, Jr.
1849 Donald Street
Jacksonville, FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President & Secretary
Boyd McCurry
4568 Palmetto Cove Lane
Jacksonville, FL 32258 ☐ Change ☒ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TS

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

6/1/2000

Date

Daytime Phone #

06-12-2000 9092032-15