

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060998

1. Entity Name

DIGITAL IMAGING & GRAPHICS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90062 032 ***150.00

Principal Place of Business

4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

Mailing Address

4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

2. Principal Place of Business

2158 COLONIAL BLVD

Suite, Apt. #, etc.

F

3. Mailing Address

4460-2 CAMINO REAL WAY

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33907

Country

LEE

Zip

33912

Country

LEE

4. FEI Number

65-0930529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENSON, RODNEY E
4460-2 CAMINO REAL WAY
FORT MYERS FL 33912

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

03/10/00

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

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. JEL ROD BENSON
STREET ADDRESS	4460-2 CAMINO REAL WAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE P. O'REILLY
STREET ADDRESS	FOUNTAIN HAFARM
CITY-ST-ZIP	8250 NW 136 AVE RD OCALA, FL 34482
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. MICHAEL PICKETT
STREET ADDRESS	105 S.E. 12TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33990
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

941 936 3005

CR2E034 (9/99)