## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

## FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT:# P9900062697 1. Entity Name JDC GRAPHICS, INC. 02-08-2001 90038 012 \*\*\*150.00 that burger winds and Principal Place of Business Mailing Address 3874 TAMPA RD. 3874 TAMPA RD. OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588248 Not Applicable Country **\$8.75** Additional. \_ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, TODD Street Address (P.O. Box Number is Not Acceptable) 810 63RD AVE. N. ST. PETERSBURG FL 33702 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . $\square$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME LAMB, JODY NAME STREET ADDRESS 3874 TAMPA ROAD STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME **GULLO, ANTHONY** NAME STREET ADDRESS 3874 TAMPA ROAD STREET ADDRESS CITY-ST-ZIP OLDSMAR-FL 34677 CITY-ST-7IP TITLE Delete TITLE ■ Addition NAME CAROLLO, DONNA NAME STREET ADDRESS 3874 TAMPA ROAD STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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