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## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State DOCUMENT # P99000062697 1. Entity Name 04-01-2002 90599 048 \*\*\*150 00 JDC GRAPHICS, INC. 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 4. FEI Number 59-3588248 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 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 FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 -Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE Delete TITLE **FRESIDENT** M Addition ERIC Huggins LAMB, JODY NAME NAME Drive STREET ADDRESS 3874 TAMPA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME GULLO, ANTHONY STREET ADDRESS STREET ADDRESS 3874\_TAMPA\_ROAD CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME CAROLLO, DONNA NAME STREET ADDRESS 3874 TAMPA ROAD STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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-7IP CITY-ST-ZIP

SIGNATURE:

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changed, or on an attachment with an aridress, with all other like empowered.

13. I hereby certify that the information supplied with this filling 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