

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064951

1. Entity Name  
DESIGNOMITE GRAPHICS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90042 040 \*\*\*150.00

Principal Place of Business BOX 7875 LAKELAND FL 33807-7875	Mailing Address 6735 LEMON TREE DRIVE LAKELAND FL 33813-4413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6735 LEMON TREE DRIVE Suite, Apt. #, etc. City & State LAKELAND, FL Zip 33813-4413 Country USA	3. Mailing Address P.O. BOX 7875 Suite, Apt. #, etc. City & State LAKELAND, FL Zip 33807-7875 Country USA
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4. FEI Number 59-3589746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, SANDRA L  
6619 FARRIS DR.  
LAKELAND FL 33811-2552

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 PRESIDENT NAME TARA L. HICKMAN STREET ADDRESS 6735 LEMON TREE DRIVE CITY-ST-ZIP LAKELAND, FL 33813-4413	<input type="checkbox"/> Delete
TITLE VICE-PRESIDENT NAME SANDRA L. CAMPBELL STREET ADDRESS 6619 FARRIS DRIVE CITY-ST-ZIP LAKELAND, FL 33811-2552	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra L. Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000 863-646-0094  
Date Daytime Phone #

CR2E034 (9/99)