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

## Jan 29, 2001 8:00 am **DOCUMENT # V09652 Secretary of State** GREENBERG GRAPHICS, INC. 01-29-2001 90054 011 \*\*\*150.00 Principal Place of Business Mailing Address 1070 SUGAR TREE LN S 1070 SUGAR TREE LN S LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address 4240 SUMMER LANDING DR. 4240 SUMMER LANDING DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3109004 AKELAND Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME) GREENBERG, MARK S. treet Address (P.O. Box Number is Not Acceptable) 1070 SUGAR TREE LANE S LAKELAND FL 33813 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. MARK S. GREENBERG 1/19/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change Addition ☐ Delete TITLE GREENBERG, MARK S. NAME NAME SUMMER LANDING OR. APT. 305 1070 SUGAR TREE LN S STREET ADDRESS 4240 STREET ADDRESS CITY-ST-ZIP LÁKÉLÁNĎ FL 33813 CITY-ST-ZIP 33810 LAKELAND, FL TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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. MARK S. GREDWONG

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Channe

Addition