

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90334 024 ***150.00

923777



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000005403			
1. Entity Name K2 GRAPHIC SERVICES, INC.			
Principal Place of Business 211 NW 16TH ST. POMPANO BEACH FL 33060 US		Mailing Address 211 NW 16TH ST. POMPANO BEACH FL 33060 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOGA, DAVID 211 NW 16TH ST POMPANO BEACH FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLING, DAVID <input checked="" type="checkbox"/> Delete 502 ARMOUR CIRCLE ATLANTA GA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNANEY, DENNIS J. <input type="checkbox"/> Delete 4305 NE 11TH AVE. POMPANO BEACH FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete ADAMSKI, BRUCE 211 NW 16 STREET POMPANO BEACH FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input type="checkbox"/> Delete GOGA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOGA, DAVID 211 NW 16TH ST POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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: <u><i>Dennis J. McNaney</i></u> DENNIS J. MCNANEY 2/19/01 954-786-2900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/00)