

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000031512**

1. Entity Name
DIGITAL REPROGRAPHICS, INC.

Principal Place of Business
**3847 E. COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address
**3847 E. COLONIAL DRIVE
ORLANDO FL 32803**

2. Principal Place of Business
ORLANDO - FL

3. Mailing Address

Suite, Apt. #, etc.
3847 E. Colonial Dr.

Suite, Apt. #, etc.
3847 E. Colonial Dr.

City & State
Orlando FL

City & State
Orlando FL

Zip Country
32803 Orange

Zip Country
32803 Orange

4. FEI Number
59-3648249

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ASAD, SHEIK K
13866 N W 21ST STREET
PEMBROKE PINES FL 33028**

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 *Emad Elamine Asad, President*

DATE **9-12-01**

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **CEO** Delete
NAME **SHEIK K. ASAD**
STREET ADDRESS **3847 E. Colonial DR.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **PRESIDENT, Secy-Treas** Delete
NAME **Elaine ASAD**
STREET ADDRESS **3847 E. Colonial DR.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **V. President** Delete
NAME **Peter C. FORBES**
STREET ADDRESS **3847 E. Colonial DR.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS **300004618233--0**
CITY-ST-ZIP **-10/01/01--01068--008**
*******550.00 *****550.00**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SP**

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: *Emad Elamine Asad, Pres.* DATE: **9-12-01** PHONE: **407-898-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0011984 AV

CR2E034 (5/01)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 AM 11:13