

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90104 039 \*\*\*150.00

**DOCUMENT # S78044**

1. Entity Name  
**RIVER CITY REPROGRAPHICS, INC.**

Principal Place of Business

Mailing Address

**PHILLIPS HWY., SUITE 21  
 JACKSONVILLE FL 32256**

**8640 PHILLIPS HWY., SUITE 21  
 JACKSONVILLE FL 32256-1209  
 US**

LUU3U706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3086777**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, REGINALD R  
 9480 PRINCETON SQ. BLVD #2407  
 JACKSONVILLE FL 32256**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9765 SOUTHBROOK DR APT. 4111**  
 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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	BERGER, REGINALD R.	9480 PRINCETON SQ. BLVD SO #2407 JACKSONVILLE FL 32256	<input type="checkbox"/>				<input checked="" type="checkbox"/>
V	DIMMICK, CHARLES DAVID	1749 RIVER REACH APT 1 JACKSONVILLE FL 32202	<input type="checkbox"/>				<input checked="" type="checkbox"/>
V	TODD, ETHAN OBRIEN	1749 RIVER RD APT 2 JACKSONVILLE FL 32207	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>

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:

*Reginald Berger*  
 REGINALD BERGER  
 President

2-9-00  
 Date

904-636-6600  
 Daytime Phone #

CR2E034 (9/99)