

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90265 003 ***150.00

0039357 AV

DOCUMENT # S78044

1. Entity Name
RIVER CITY REPROGRAPHICS, INC.



Principal Place of Business
**8640 PHILLIPS HWY., SUITE 21
JACKSONVILLE FL 32256
US**

Mailing Address
**8640 PHILLIPS HWY., SUITE 21
JACKSONVILLE FL 32256
US**



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

CHECK HERE IF MAKING CHANGES

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

**DIMMICK, CHARLES
3674 HILLARD ROAD
JACKSONVILLE FL 32217**

Name Charles Dimmick
Street Address (P.O. Box Number is Not Acceptable)
3674 Hilliard Road
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	BERGER, REGINALD R.
STREET ADDRESS	9765 SOUTHBROOK DR #4111
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	V <input type="checkbox"/> Delete
NAME	DIMMICK, CHARLES DAVID
STREET ADDRESS	1749 RIVER RD APT. 1
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	V <input type="checkbox"/> Delete
NAME	TODD, ETHAN OBRIEN
STREET ADDRESS	1749 RIVER RD APT 2
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>3674 Hilliard Road</u>
STREET ADDRESS	<u>1829 Powell Place</u>
CITY-ST-ZIP	<u>Jacksonville, FL 32217</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>1829 Powell Place</u>
CITY-ST-ZIP	<u>Jacksonville, FL 32205</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGINALD R. BERGER 4/28/03 (904)636-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)