

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06659

1. Entity Name

FLORIDA REPROGRAPHICS, INC.

FLORIDA REPROGRAPHICS, INC.

633 N. FRANKLIN ST.

TAMPA, FLORIDA 33602

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90156 036 ***158.75

Principal Place of Business

Mailing Address

~~600 N. FLORIDA AVE.~~

TAMPA FL 33602

US

~~600 N. FLORIDA AVE.~~

TAMPA FL 33602-4507

US

FLORIDA REPROGRAPHICS, INC.

633 N. FRANKLIN ST.

TAMPA, FLORIDA 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2438327

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

CHARLES, CHRISTOPHER W

~~101 S 12TH ST~~

TAMPA FL 33602

"WE'VE MOVED"

NEW ADDRESS

633 N. FRANKLIN ST.

TAMPA, FL 33602

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

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

TITLE PD
NAME CHARLES, CHRISTOPHER W.
STREET ADDRESS ~~11000 SHADY SHORES DR~~ 1005 BAY HARBOUR PLACE
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VSD
NAME CHARLES, NANCY M.
STREET ADDRESS ~~11000 SHADY SHORES DR~~ 1005 BAY HARBOUR PLACE
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RES.

3/28/00

21-2094

Date

Daytime Phone #

CR2E034 (9/99)