SENT BY: TRS REPROGRAPHICS & SUPPLY; 813 350 9363; SEI

FILED
Sep 17, 2001 8:00 am
Secretary of State
09-17-2001 90146 050 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H12763**

1. Entity Name
TAMPA REPROGRAPHICS & SUPPLY COMPANY

Principal Place of Business	Mailing Address
3711 W. GRACE TAMPA FL 33607 US	C/O CT CORPORATION SYSTEM 3711 W. GRACE ST. TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3809 N. Armenia Ave	3809 N. Armenia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: TAMPA FL
Zip: 33607 Country: Hillsborough	Zip: 33607 Country: Hillsborough

4. FEI Number 31-1105029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
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 17, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUNN, JOHN W 3458 BLOOMFIELD CLUB DR. BIRMINGHAM MI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, WILLIAM A 1009 W. MAPLE CLAWSON MI 48017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: John W Dunn Pres. 9-10-01 248-353-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #