

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90214 029 ***150.00

DOCUMENT # H35677

1. Entity Name
MIDWEST REPROGRAPHICS, INC.



Principal Place of Business
2206 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address
2206 TRADE CENTER WAY
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

3936 Tamiami Trail North

Suite, Apt. #, etc.
Suite B

City & State
Naples, FL 34103

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2502621**

Applied For
Not Applicable

Zip **Country**
34103 **USA**

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

VOGEL, JOEL
2206 TRADE CENTER WAY
NAPLES FL 34109

Name
James D. Vogel
Street Address (P.O. Box Number is Not Acceptable)
3936 Tamiami Trail North, Suite B
City **FL** **Zip Code**
Naples **34103**

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 *James D. Vogel* **DATE** **2/17/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VOGEL, JAMES D.**
STREET ADDRESS **3936 TAMIAAMI TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **S/D** ☐ Change ☒ Addition
NAME **James D. Vogel**
STREET ADDRESS **3936 Tamiami Trail North, Suite B**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **DP** ☒ Delete
NAME **VOGEL, PATRICIA A.**
STREET ADDRESS **3936 TAMIAAMI TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **VOGEL, JOEL D.**
STREET ADDRESS **2206 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Joel D. Vogel**
STREET ADDRESS **2206 Trade Center Way**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **ST** ☒ Delete
NAME **VOGEL, RICHARD M.**
STREET ADDRESS **3936 TAMIAAMI TRAIL NO.**
CITY-ST-ZIP **NAPLES FL**

TITLE **VP/T/D** ☐ Change ☒ Addition
NAME **Richard M. Vogel**
STREET ADDRESS **3936 Tamiami Trail North, Suite B**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NOT REQUIRED

2/17/03 (239) 262-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)