

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031512

1. Entity Name  
DIGITAL REPROGRAPHICS, INC.

Principal Place of Business  
3847 E. COLONIAL DRIVE  
ORLANDO FL 32803

Mailing Address  
3847 E. COLONIAL DRIVE  
ORLANDO FL 32803

2. Principal Place of Business  
ORLANDO - FL

3. Mailing Address

Suite, Apt. #, etc.  
3847 E. Colonial Dr.

Suite, Apt. #, etc.  
3847 E. Colonial Dr.

City & State  
Orlando FL

City & State  
Orlando FL

Zip  
32803

Country  
Orange

Zip  
32803

Country  
Orange

4. FEI Number  
59-3648249

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASAD, SHEIK K  
13866 N W 21ST STREET  
PEMBROKE PINES FL 33028

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 *Eunice Elaine Asad, President*

9-12-01

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 12, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
SHEIK K. ASAD  
3847 E. Colonial Dr.  
Orlando, FL 32803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, Secy-Treas  
ELAINE ASAD  
3847 E. Colonial Dr.  
Orlando, FL 32803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. President  
PETER C. FORBES  
3847 E. Colonial Dr.  
Orlando, FL 32803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300004618233--0  
-10/01/01--01068--008  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

*Eunice Elaine Asad, Pres.* 9-12-01 407-898-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 AM 11:13



DO NOT WRITE IN THIS SPACE

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