

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081919

1. Entity Name

CENTRAL REPROGRAPHICS, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90124 049 ***158.75

Principal Place of Business

Mailing Address

740 SOUTH HUGHEY AVE.
ORLANDO FL 32801

740 SOUTH HUGHEY AVE.
ORLANDO FL 32804-6412

00033052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1612 N. ORANGE AVE

3. Mailing Address

1612 N ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32804

Country

US

Zip

32804

Country

US

4. FEI Number

59-3347188

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORMAN, MARTHA
740 SOUTH HUGHEY AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

MARTHA KORMAN

Street Address (P.O. Box Number is Not Acceptable)

1612 N. ORANGE AVE

City

ORLANDO

FL

Zip Code

32804

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

TITLE PT
NAME KORMAN, MARTHA
STREET ADDRESS 740 SOUTH HUGHEY AVE.
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE S
NAME ZAVALA, CARMEN R
STREET ADDRESS 740 SOUTH HUGHEY AVE.
CITY-ST-ZIP ORLANDO FL 32801 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME KORMAN, MARTHA
STREET ADDRESS 1612 N. ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32804 ☒ Change ☐ Addition

TITLE SD
NAME ZAVALA, CARMEN R.
STREET ADDRESS 1612 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO, FL 32804 ☒ Change ☐ Addition

TITLE VD
NAME Gregory A. Williams
STREET ADDRESS 1612 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Change ☒ Addition

TITLE V
NAME Peter C. Vassos
STREET ADDRESS 1612 N. ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Change ☒ Addition

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 813-286-8300

Date

Daytime Phone #

CR2E034 (9/99)