

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90124 049 ***158.75

DOCUMENT # P95000081919

1. Entity Name
CENTRAL REPROGRAPHICS, INC.

00033852



DO NOT WRITE IN THIS SPACE

Principal Place of Business 740 SOUTH HUGHEY AVE. ORLANDO FL 32801	Mailing Address 740 SOUTH HUGHEY AVE. ORLANDO FL 32804-6412
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2. Principal Place of Business 1612 N. ORANGE AVE Suite, Apt. #, etc.	3. Mailing Address 1612 N ORANGE AVE 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 <input checked="" type="checkbox"/> \$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
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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: *Martha Korman*
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KORMAN, MARTHA 740 SOUTH HUGHEY AVE. ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KORMAN, MARTHA 1612 N. ORANGE AVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAVALA, CARMEN R 740 SOUTH HUGHEY AVE. ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAVALA CARMEN R. 1612 N. ORANGE AVE. ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gregory A. Williams 1612 N. ORANGE AVE. ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Peter C VASSOS 1612 N. ORANGE AVE ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martha Korman* **3/1/00** **813-286-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)