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## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 17, 2000 8:00 am Secretary of State DOCUMENT # P95000097703 1. Entity Name TRAVIS REPROGRAPHICS, INC. 03-17-2000 90044 030 \*\*\*150.00 Mailing Address Principal Place of Business 1816 JACKSON STREET 1816 JACKSON STREET FORT MYERS FL 33901 FORT MYERS FL 33901-3032 2. Principal Place of Business 3. Mailing Address 2241 PECK 2241 PECK ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City'& State 4. FEI Number Applied For City & State 65-0754332 FORT FORT MYERS MYERS, FL Not Applicable Zip | 33901 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33901 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOLLIFF TRAVIS E Street Address (P.O. Box Number is Not Acceptable) 2241 PECK ST JOLLIFF, TRAVIS E SR. 1816 JACKSON STREET FORT MYERS FL 33901 FORT 8. The above named entity submits this statement for the purpose of changing its registered office or register both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition **C** 2V Change 1 ☐ Delete TITLE TITLE. JOLLIFF, PAMELA L JOLLIFF, PAMELA L NAME NAME STREET ADDRESS 2241 PECK ST STREET ADDRESS 1816 JACKSON STREET CITY-ST-ZIP FORT MYERS FL 33901 City-St-ZiP FORT MYERS, FL 33901 Change Addition Delete TITLE TITLE JOLLIFF, TRAVIS E SR. Jolliff, travis e sr NAME **1816 JACKSON STREET** STREET ADDRESS STREET ADDRESS 2241 PECK ST. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL FORT MYERS, FL. 33901 ☐ Change Addition ☐ Delete TITLE TITLE ZARTMAN, GEORGE NAME NAME STREET ADDRESS 1816 JACKSON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attashment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR REINTED MARKE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #