

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056142

1. Entity Name

ART & REPRO, INC.

Principal Place of Business

420 LEE BLVD  
LEHIGH ACRES FL 33936

Mailing Address

PO BOX 687  
LEHIGH ACRES FL 33970-0687

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HEEKIN, JOHN CHARLES  
21202 OLEAN BLVD, STE C-2  
CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **KARL STERR**

Street Address (P.O. Box Number is Not Acceptable)  
**421 MC. KINLEY AVE.**

City **LEHIGH ACRES**

FL

Zip Code  
**33936**

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

**4/4/2000**

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 **D** ☐ Delete  
NAME **BETZ, ERNST**  
STREET ADDRESS **PO BOX 687 N/A**  
CITY-ST-ZIP **LEHIGH FL 33970**

TITLE **D** ☐ Delete  
NAME **BETZ, BARBARA**  
STREET ADDRESS **PO BOX 687 N/A**  
CITY-ST-ZIP **LEHIGH FL 33970**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

**04.02.2000**

Date

Daytime Phone #

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90012 031 \*\*\*150.00

00035743



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0855389**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (9/99)