

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90111 023 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address  
P.O. Box 1101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LEHIGH ACRES FL

Zip

Country

Zip  
33970

Country

LEE

4. FEI Number 65-0855389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERR, KARL  
421 MCKINLEY AVE  
LEHIGH ACRES FL 33936

Name

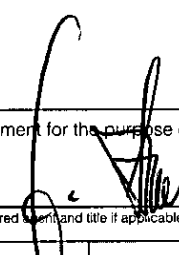
Street Address (P.O. Box Number is Not Acceptable)

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, ERNST PO BOX 687 N/A LEHIGH FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, BARBARA PO BOX 687 N/A LEHIGH FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, ERNST P.O. BOX 1101 LEHIGH ACRES FL 33970	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, BARBARA P.O. BOX 1101 LEHIGH ACRES FL 33970	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

 BARBARA BETZ

Date

Daytime Phone #

4/10/01

CR2E034 (10/00)