FILED

Daytime Phone #

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT {UBR

SIGNATURE:

Aug 11, 2003 8:00 am Secretary of State P98000065007 DOCUMENT # 08-11-2003 90291 009 \*\*\*150.00 1. Entity Name REPROGRAPHICS UNLIMITED, INC. Principal Place of Business Mailing Address 735-N.-RIDGEWOOD-AVE.-~735-N-RIDGEWOOD-AVE.-DAYTONA BEACH FL 32114 \_Da<del>ytona Beach Fl 321</del>14\_ 2. Principal Place of Business 3. Mailing Address 124 BAY ST. 124 EKY  $\leq \overline{\cdot}$ Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3533568 BURUL FL BEACH Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32-114 VI < 32114 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMES, RONNIE L JR Street Address (P.O. Box Number is Not Acceptable) 270 SANCHEZ AVE. ORMOND BEACH FL 32174 Zip Code City bose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named nits this for the r ed agem the obligations of regist SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.06 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** CR2E034 (4/03) ☐ Delete TITLE Change Addition 124 Bay HAMES, RONNIE L JR NAME NAME Daytona Beach, FL 32114 270 SANCHEZ AVE. STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Devete TITLE Addition TITLE □1 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of changed, or on an attachment w

Attachment#
80137777
P98000065007

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Reprographics Unlimited, Inc. 124 Bay Street Daytona Beach, FL 32114

## Dear Sir or Madam:

Enclosed please find the Uniform Business Report and a check in the amount of \$150.00 for the annual filing fee for the above named corporation. Prior to receiving this notification, we did not receive any correspondence or form indicating that a filing fee was due and mailed this one as soon as it was received. We apologize for any inconvenience that this may have caused as we have always strived to abide by any guidelines for filing that have been set before us.

Thank you in advance for your cooperation in this matter.

Sincerely,

Ronnie Hames M