2000 UNIFORM BUSINESS REPORT (UBR)

Sep 21, 2000 8:00 am Secretary of State DOCUMENT # P99000049478 1. Entity Name REPLICATIONS, INC. 09-21-2000 90003 004 ***550.00 Principal Place of Business Mailing Address 6601 N.W. 23RD WAY 6601 N.W. 23RD WAY **BOCA RATON FL 33496 BOCA RATON FL. 33496** 2. Principal Place of Business 3. Mailing Address SIR SPEEDY 1464 SOUTH FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number DEERFIELD Not Applicable 65-1977482 Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHIEZ-SALES, MARIE Street Address (P.O. Box Number is Not Acceptable) 6601 N.W. 23RD WAY **BOCA RATON FL 33496** Zip Code City 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. ١. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. Change TITLE TITLE ☐ Delete RICHARD O. SALES SIR SPEEDY (REPULATIONS. ING) RICHIEZ-SALES, MARIE NAME NAME 6601 N.W. 23RD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP 1464 S. FEDERAL HWY, DEEDFIELD 13CH 3384 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

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DUUS HG



September 18, 2000

Printing

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

Copying

Re: Uniform Business Report Filing

To Whom It May Concern:

Graphic Design

With apologies I am enclosing the filing form and my check for \$550. I am requesting that you please waive the late fee for the following reasons:

Digital Network

I spoke with someone from your office this morning apologizing for being late. I explained that my wife and I are new business owners and first of all don't remember receiving the first notice. Second, our home was burglarized in January while we were both away on a three week business trip. We are still trying to duplicate and otherwise recover important documents that were stolen.

Third, the second notice got buried out of ignorance. This weekend, my wife and I discovered it and realized what it was.

The gentleman I spoke with this morning advised me to send a letter with the enclosed check for \$550. He did not guarantee that the late fee would be waived, but that it would be considered.

We would appreciate waiving the fee. We would greatly appreciate your waiving of the fee for the reasons stated above. Thank you.

Sincerely,

Richard Sales

CEO