

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90265 003 ***150.00

0039637 AV

DOCUMENT # S78044

1. Entity Name
RIVER CITY REPROGRAPHICS, INC.



Principal Place of Business
8640 PHILLIPS HWY., SUITE 21
JACKSONVILLE FL 32256
US

Mailing Address
8640 PHILLIPS HWY., SUITE 21
JACKSONVILLE FL 32256
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3086777**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMMICK, CHARLES
3674 HILLARD ROAD
JACKSONVILLE FL 32217

Name Charles Dimmick
Street Address (P.O. Box Number is Not Acceptable)
3674 Hillard Road
City Jacksonville 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERGER, REGINALD R.**
STREET ADDRESS **9765 SOUTHBROOK DR #4111**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **V** ☐ Delete
NAME **DIMMICK, CHARLES DAVID**
STREET ADDRESS **1749 RIVER RD APT. 1**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME 3674 Hillard Road
STREET ADDRESS 1749 River Rd Apt 1
CITY-ST-ZIP Jacksonville, FL 32217

TITLE **V** ☐ Delete
NAME **TODD, ETHAN OBRIEN**
STREET ADDRESS **1749 RIVER RD APT 2**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☒ Change ☐ Addition
NAME 1829 Powell Place
STREET ADDRESS Jacksonville, FL 32205
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(904)636-6600

Daytime Phone #

CR2E034 (10/02)