

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 033 ***550.00

DOCUMENT # P98000090333

1. Entity Name
BIG CITY CD'S COMICS & COLLECTIBLES, INC.

Principal Place of Business
8620 BAYMEADOWS RD.
JACKSONVILLE FL 32256

Mailing Address
8620 BAYMEADOWS RD.
JACKSONVILLE FL 32256

2. Principal Place of Business
193 EDGE OF WOODS RD

3. Mailing Address
193 EDGE OF WOODS RD

Suite, Apt. #, etc.
5

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE FL

City & State
ST. AUGUSTINE FL

4. FEI Number **59-3546004**

Applied For
 Not Applicable

Zip
32092

Country
ST. JOHN'S

Zip
32092

Country

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

6. Name and Address of Current Registered Agent

GRUEL, DORCAS
8620 BAYMEADOWS RD.
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **JAMES E. GRUEL**

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

193 EDGE OF WOODS RD.

City **ST. AUGUSTINE FL** Zip Code **32092**

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 *James E. Gruel* **JAMES E. GRUEL SECRETARY** **9/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	V GRUEL, DORCAS 2865 SYLVAN LN. S. JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRUEL, JAMES E 2865 SYLVAN LN. S. JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUEL, CHRISTOPHER B.J 10126 OAKISLE RD W JACKSONVILLE FL 32257	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
193 EDGE OF WOODS RD ST AUGUSTINE FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
193 EDGE OF WOODS RD ST AUGUSTINE FL 32092	
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: *James E. Gruel* **JAMES E. GRUEL** **9/7/01** **(904) 607-5113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)