

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
 03-28-2001 90189 050 \*\*\*150.00

0001983

**DOCUMENT # 606040**

1. Entity Name  
**COMMUNICATIONS DEVICES INCORPORATED**

Principal Place of Business  
**1605 VLIAGE WAYUE**  
**ORANGE PARK FL 32073**

Mailing Address  
**1605 VILLAGE WAY8**  
**ORANGE PARK FL 32073**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1880708</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ARCHAMBAULT, PATRICIA A.</b> <b>1605 VILLAGE WAY</b> <b>ORANGE PARK FL 32073</b>				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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICHARDSON, CAROL A</b>		NAME		
STREET ADDRESS	<b>208 SYLVAN RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAYESVILLE, NC 00000</b>		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICHARDSON, ROBERT H</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 1 (N/A)</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>YOUNG HARRIS GA</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICHARDSON, TROY B</b>		NAME		
STREET ADDRESS	<b>RT. 1, BOX 12-B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAYESVILLE, NC 00000</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BIEDERMAN, TAMARA D</b>		NAME	<b>BIEDERMAN, TAMARA D</b>	
STREET ADDRESS	<b>1806 SUMMIT WALK DR.</b>		STREET ADDRESS	<b>9444 Wagon Wheel Rd</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30067</b>		CITY-ST-ZIP	<b>MORGANTON, GA 30560</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICHARDSON, TRACY R</b>		NAME		
STREET ADDRESS	<b>2011 QUEENSBURY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ACKWORTH GA</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Robert H. Richardson *Robert H. Richardson* **03-24-01** **904-269-5030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)