

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90120 013 ***150.00

DOCUMENT # 606040

1. Entity Name
COMMUNICATIONS DEVICES INCORPORATED



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

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

2. Principal Place of Business

**175 ELM ST.
Suite, Apt. #, etc.
SEAGROVE Beach, FL
City & State**

3. Mailing Address

**175 ELM ST.
Suite, Apt. #, etc.
SEAGROVE Beach, FL
City & State**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1880708**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **32459**

Country **WAITON**

Zip **32459**

Country **WAITON**

6. Name and Address of Current Registered Agent

**ARCHAMBAULT, PATRICIA A.
1605 VILLAGE WAY
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **CAROL A. RICHARDSON**
Street Address (P.O. Box Number is Not Acceptable)
175 ELM ST
City **SEAGROVE Beach** FL Zip Code **32459**

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

Carol A. Richardson
Signature, typed or printed name of registered agent and title if applicable. **CAROL A. RICHARDSON Sec.**

2/08/03
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

TITLE **S** ☒ Delete
NAME **RICHARDSON, CAROL A**
STREET ADDRESS **208 SYLVAN RD**
CITY-ST-ZIP **HAYESVILLE FL**

TITLE **PTD** ☐ Delete
NAME **RICHARDSON, ROBERT H**
STREET ADDRESS **P.O. BOX 1 (N/A)**
CITY-ST-ZIP **YOUNG HARRIS GA**

TITLE **D** ☐ Delete
NAME **RICHARDSON, TROY B**
STREET ADDRESS **RT. 1, BOX 12-B**
CITY-ST-ZIP **HAYESVILLE, NC 00000**

TITLE **D** ☐ Delete
NAME **BIEDERMAN, TAMARA D**
STREET ADDRESS **9444 WAGON WHEEL RD**
CITY-ST-ZIP **MORGANTON GA 30560**

TITLE **D** ☐ Delete
NAME **RICHARDSON, TRACY R**
STREET ADDRESS **2011 QUEENSBURY DR**
CITY-ST-ZIP **ACKWORTH GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition
NAME **RICHARDSON, CAROL A**
STREET ADDRESS **175 ELM ST.**
CITY-ST-ZIP **Seagrove Beach, FL 32459**

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

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

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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:

Robert H. Richardson President **2/08/03** **828-342-5402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)