

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90103 012 \*\*\*150.00

**DOCUMENT # 634727**

1. Entity Name  
**COMMUNITY CATALOG MERCHANDISERS, INC.**



Principal Place of Business  
**1749 HIGHWAY 90 WEST  
LAKE CITY FL 32055**

Mailing Address  
**1749 HIGHWAY 90 WEST  
LAKE CITY FL 32055**



2. Principal Place of Business  
**1037 Hwy 90 West**

3. Mailing Address  
**1037 Hwy 90 West**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Lake City, FL**

City & State  
**Lake City, FL**

Zip Country  
**32055 Columbia**

Zip Country  
**32055 Columbia**

4. FEI Number **59-1934621**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILCOX, VERNON D JR  
1749 HIGHWAY 90 WEST  
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name **Vernon D Silcox, Jr. (Stamp)**  
Street Address (P.O. Box Number is Not Acceptable)  
**1037 Hwy 90 West  
Suite 100**  
City **Lake City** **FL** Zip Code **32055**

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 \_\_\_\_\_ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SILCOX, VERNON D JR 840 OLEANDER PLACE LAKE CITY FL	<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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME SAME 500 SW Oleander Place Lake City, FL 32025</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 info empowered.

SIGNATURE: **Vernon D Silcox, Jr.** Date **3/11/03** Daytime Phone # **386-755-0700**

CR2E034 (10/02)