

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 033 ***150.00

DOCUMENT # P01000024927

1. Entity Name

Communications and More, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3701 N.W. 126th AVE

Suite, Apt. #, etc.

SUITE B

City & State

CORAL SPRINGS

Zip

FL

Country

U.S.

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

City & State

Zip

33065

Country

4. FEI Number

65-1084790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN P. BUCKLEY

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

879 N.W. 84 DRIVE

City

CORAL SPRINGS

FL

Zip Code
33071

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D
CECILIA BUCKLEY
STREET ADDRESS
879 N.W. 84 DRIVE
CITY - ST - ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
D
JOHN P. BUCKLEY
STREET ADDRESS
879 N.W. 84 DRIVE
CITY - ST - ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
D
ROYAL L. BOYER
STREET ADDRESS
8782 N.W. 21 CT.
CITY - ST - ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
D
JOSEPH L. HALL
STREET ADDRESS
8810 N.W. 21 CT.
CITY - ST - ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

954 755-9797

Daytime Phone #

CR2034B (12/01)