

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024927

1. Entity Name
COMMUNICATIONS AND MORE, INC.



Principal Place of Business
3701 N.W. 126TH AVE
STE B
CORAL SPRINGS FL

Mailing Address
3701 N.W. 126TH AVE
STE B
CORAL SPRINGS FL

FILED
03 FEB 26 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1084790

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, JOHN P
879 NW 84 DR
CORAL SPRINGS FL

Name

JAMES R. MCGLYNN ESQ

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

9600 W. SAMPLE ROAD #507

CORAL SPRINGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BUCKLEY, CECILIA L
STREET ADDRESS 879 NW 84 DR
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

TITLE V
NAME BUCKLEY, JOHN P
STREET ADDRESS 879 NW 84 DR
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

TITLE V
NAME BUCKLEY, JEANNINE M
STREET ADDRESS 879 NW 84 DR
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

TITLE V
NAME BUCKLEY, JOHN M
STREET ADDRESS 879 NW 84 DR
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE CHAIRMAN
NAME ROBERT DUNLAP
STREET ADDRESS 1708 Talbriar Ave.
CITY-ST-ZIP Oviedo, FL 32765 ☐ Change ☒ Addition

TITLE TREASURER - Secretary
NAME LILY L. BOYER
STREET ADDRESS 8782 NW 21 CT.
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Change ☒ Addition

TITLE PRESIDENT
NAME ROYAL L. BOYER
STREET ADDRESS 8782 NW 21 CT.
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

TITLE Vice President
NAME JOSEPH L. HALL
STREET ADDRESS 8810 NW 21 CT.
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-756-9797

CR2E034 (10/02)