

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90233 014 ***150.00

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DOCUMENT # P94000023298

1. Entity Name
CLERGY APPAREL CHRISTIAN BOOK STORE, INC.

Principal Place of Business
**1933 NE 4TH AVE
FT LAUDERDALE FL 33305**

Mailing Address
**1933 NE 4TH AVE
FT LAUDERDALE FL 33305**

2. Principal Place of Business
200 South First Street
Suite, Apt. #, etc.

3. Mailing Address
200 South First Street
Suite, Apt. #, etc.

City & State
LAKE CITY, FL
Zip
32025
Country
COLUMBIA

City & State
LAKE CITY, FL
Zip
32025
Country
COLUMBIA

4. FEI Number
59-1712301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCELLINO, MICHAEL J JR
1933 NE 4TH AVE
FT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name
MARCELLINO, MICHAEL J JR
Street Address (P.O. Box Number is Not Acceptable)
200 South First Street
City
LAKE CITY FL Zip Code
32025

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 **Michael J. Marcellino Jr. / Michael J. Marcellino, Jr.** DATE **3/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 STREET ADDRESS CITY-ST-ZIP	M MARCELLINO, MICHAEL J JR 9923 NW 6TH CT. PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLINO, MICHAEL J SR 6801 NW 58TH CT TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLINO, RENA-SUE 8923 NW 6TH CT PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLINO, BARBARA J 6801 NW 58TH ST CT TAMARAC FL 33321	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARCELLINO, MICHAEL J JR. RT 27 BOX 25185 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLINO, RENA-SUE RT. 27 BOX 25185 LAKE CITY, FL 32024	<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

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 **Michael J. Marcellino Jr. / Michael J. Marcellino, Jr.** DATE **3/30/02** DAYTIME PHONE # **1-386-754-5775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)