

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 036 ***150.00

0002694 AV

DOCUMENT # P94000023298

1. Entity Name

CLERGY APPAREL CHRISTIAN BOOK STORE, INC.



Principal Place of Business

~~200 SOUTH FIRST STREET~~ *216 S.W. MAIN Blvd.*
LAKE CITY FL 32025

Mailing Address

~~200 SOUTH FIRST STREET~~ *216 S.W. MAIN Blvd.*
LAKE CITY FL 32025

2. Principal Place of Business

216 S.W. MAIN Blvd.
Suite, Apt. #, etc.

3. Mailing Address

216 S.W. MAIN Blvd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lake city, FL

City & State

Lake city, FL

4. FEI Number

59-1712301

Applied For

Not Applicable

Zip

32025

Country

Columbus

Zip

32025

Country

Columbus

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCELLINO, MICHAEL J JR
200 SOUTH FIRST STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name *MARCELLINO, MICHAEL J JR.*
Street Address (P.O. Box Number is Not Acceptable) *216 S.W. MAIN Blvd.*
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. 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

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **MARCELLINO, MICHAEL J JR**
CITY-ST-ZIP **RT 25 BOX 25185 LAKE CITY FL 32024**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARCELLINO, RENA SUE**
CITY-ST-ZIP **RT 27 BOX 25185 SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Michael J Marcellino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 386-754-5775
Date: Daytime Phone #

CR2E034 (10/02)