

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000004031**

1. Entity Name

RIVER CITY PRINTING, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90071 047 ***150.00

Principal Place of Business

**4401 EMERSON ST
STE 11
JACKSONVILLE FL 32207
US**

Mailing Address

**8535 BAYMEADOWS RD
STE 3-206
JACKSONVILLE FL 32256
US**

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 **59-3288338**

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****POLK, DENNIS W. JR.**~~**609 PINELAND LANE**~~~~**JACKSONVILLE FL 32259**~~**3516 PINE STREET****32205**

Name

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

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.

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DPTS** ☐ Delete
NAME **POLK, DENNIS W JR**
STREET ADDRESS **609 PINELAND LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**TITLE **DPTS** ☒ Change ☐ Addition
NAME **POLK, DENNIS W. JR**
STREET ADDRESS **3516 PINE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**TITLE **V** ☐ Delete
NAME **HENRY, DAVID W.**
STREET ADDRESS **609 PINELAND LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**TITLE **V** ☒ Change ☐ Addition
NAME **HENRY, DAVID W.**
STREET ADDRESS **3516 PINE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dennis W. Polk Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS W. POLK JR
PRESIDENT

Date

3-15-2001

Daytime Phone #

(904) 398-1000

CR2E034 (10/00)