

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

822205

DOCUMENT # P 95 00000 4031  
1. Entity Name River City Printing, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4401 Emerson Street</u>		3. Mailing Address <u>PO Box 5603</u>	
Suite, Apt. #, etc. <u>Suite 11</u>		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32207</u>	Country <u>USA</u>	Zip <u>32247</u>	Country <u>USA</u>

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4. FEI Number <u>59-3288338</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Dennis W. Polk, JR</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>3516 Pine Street</u>	
	City <u>Jacksonville</u> FL	Zip Code <u>32205</u>

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 re-stating) 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 STREET ADDRESS CITY-ST-ZIP	<u>DPTS</u> <u>Dennis W. Polk JR</u> <u>3516 Pine Street</u> <u>JACKSONVILLE FL 32205</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>David W. Henry</u> <u>3516 Pine Street</u> <u>JACKSONVILLE FL 32205</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Dennis W. Polk, JR DENNIS W. POLK, JR 2-4-02 904-398-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)