

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90099 010 ***150.00

DOCUMENT # P95000004031

1. Entity Name

RIVER CITY PRINTING, INC.



J0023340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 5603

3. Mailing Address

P.O. BOX 5603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLCity & State
JACKSONVILLE, FL

4. FEI Number 59-3288338

Applied For
Not ApplicableZip
32247-5603Country
USAZip
32247-5603Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DENNIS W. POLK, JR.

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

3516 PINE STREET

City JACKSONVILLE

FL

Zip Code
32205

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

DENNIS W. POLK, JR.

2-4-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST DENNIS W. POLK, JR. 3516 PINE STREET JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID W. HENRY 3516 PINE STREET JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowerments.

SIGNATURE

DENNIS W. POLK, JR.

2-4-03

904-398-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)