

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90019 017 \*\*\*158.75

**DOCUMENT # P99000073173**

1. Entity Name

**C. PUBLISHING, INC.**

Principal Place of Business

Mailing Address

**CHERRY CT.  
COAST FL 32137****PO BOX 354202  
PALM COAST FL 32135-4202**

2. Principal Place of Business

3. Mailing Address

**1743 WINDSONG CIRCLE  
Suite, Apt. #, etc.****SAME AS ABOVE  
Suite, Apt. #, etc.**

City &amp; State

City &amp; State

**FLAGLER BEACH, FLORIDA****Zip  
32136****Country  
FLAGLER**

Zip

Country

4. FEI Number

**59-3581398**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CLEMONS, RICHARD L  
8 CHERRY COURT  
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

**CLEMONS, RICHARD L.**

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

**1743 WINDSONG CIRCLE****FLAGLER**

City

**FLAGLER BEACH, FL**

Zip Code

**32136**

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

**Richard L. Clemons 2/8/00**

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P/S/D/C</b>
STREET ADDRESS	<b>RICHARD L. CLEMONS</b>
CITY-ST-ZIP	<b>1743 WINDSONG CIRCLE FLAGLER BEACH, FL 32136</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIT</b>
STREET ADDRESS	<b>MARY REGINA CLEMONS</b>
CITY-ST-ZIP	<b>1743 WINDSONG CIRCLE FLAGLER BEACH, FL 32136</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**Richard L. Clemons 2/8/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-  
446-8280**

CR2E034 (9/99)