

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 016 ***150.00

0674876 FP

DOCUMENT # P99000073173

1. Entity Name

C. PUBLISHING, INC.



Principal Place of Business

200 SOUTH A1A

SUITE 4B

FLAGLER BEACH FL 32136

Mailing Address

200 SOUTH A1A

SUITE 4B

FLAGLER BEACH FL 32136

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

312 NORTH 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLAGLER BEACH FLORIDA

Zip

Country

Zip

Country

32136

FLAGLER

4. FEI Number

59-3581398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CLEMONS, RICHARD L

1743 WINDSONG CIRCLE

FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name

RICHARD L. CLEMONS

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

312 NORTH 12TH STREET

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard L. Clemons

4/27/03

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 PSDC ☐ Delete

NAME CLEMONS, RICHARD L

STREET ADDRESS 1743 WINDSONG CIRCLE

CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE VT ☐ Delete

NAME CLEMONS, MARY R

STREET ADDRESS 1743 WINDSONG CIRCLE

CITY-ST-ZIP FLAGLER BEACH FL 32136

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

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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:

Richard L. Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03

386

831-2856

CR2E034 (10/02)