

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90085 009 ***150.00

DOCUMENT # 334571

1. Entity Name
RETAIL CREDIT PUBLICATIONS INC

Principal Place of Business 7502 ANNA AVENUE GIBSONTON FL	Mailing Address P.O. BOX 1461 GIBSONTON FL 33534-1461
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2. Principal Place of Business	3. Mailing Address P.O. Box 790
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State RIVERVIEW, FL	City & State
Zip 33568-0790	Country USA

4. FEI Number 59-1706918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FEARNON, C.D.
7502 ANNA AVENUE
APT. 1
GIBSONTON FL 33534

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input type="checkbox"/> Delete
NAME FEARNOW, CHARLES F.	
STREET ADDRESS 7502 ANNA AVE	
CITY-ST-ZIP GIBSONTON FL 33534-1461	
TITLE ST	<input type="checkbox"/> Delete
NAME FEARNON, N.T.	
STREET ADDRESS 7502 ANNA AVE	
CITY-ST-ZIP GIBSONTON FL 33534-1461	
TITLE V	<input type="checkbox"/> Delete
NAME FEARNON, CHRISTOPHER D	
STREET ADDRESS 7502 ANNA AVE	
CITY-ST-ZIP GIBSONTON FL 33534-1461	
TITLE V	<input type="checkbox"/> Delete
NAME FEARNON, CHARLES F JR.	
STREET ADDRESS 7017 GIBSONTON DRIVE	
CITY-ST-ZIP GIBSONTON FL 33534	
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 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	
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 empowers.

SIGNATURE: CHARLES F. FEARNOW PRES DATE: 1/8/2000 DAYTIME PHONE #: 813-9850206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)