


80066725

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 334571				
1. Entity Name RETAIL CREDIT PUBLICATIONS INC				
Principal Place of Business 2610 RIDGETOP WAY VALRICO, FL 33594		Mailing Address P O BOX 2819 VALRICO, FL 33595		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3662878
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
FEARNOW, SUSAN 2610 RIDGETOP WAY VALRICO, FL 33594			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) _____ DATE _____				
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P
NAME	FEARNOW, CHRISTOPHER D		NAME	Christopher D. Fearnow
STREET ADDRESS	7502 ANNA AVE		STREET ADDRESS	2610 Ridgetop Way
CITY-ST-ZIP	GIBSONTON, FL 335341461		CITY-ST-ZIP	Valrico, FL 33595
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST
NAME	FEARNOW, SUSAN L		NAME	Susan Fearnow
STREET ADDRESS	7502 ANNA AVE		STREET ADDRESS	2610 Ridgetop Way
CITY-ST-ZIP	GIBSONTON, FL 335341461		CITY-ST-ZIP	Valrico, FL 33595
TITLE		<input type="checkbox"/> Delete	TITLE	VP
NAME			NAME	John Colwell
STREET ADDRESS			STREET ADDRESS	2704 Cleveland Heights Blvd.
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33503
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 persons empowered.				
SIGNATURE: <u>Susan Fearnow</u>		Date: <u>3/21/03</u> 813-684-2668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		

CRZ034 (10/02)