## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # 335731 1. Entity Name 04-03-2002 90501 008 \*\*\*150.00 THE HARTLEY PRESS, INC. Principal Place of Business Mailing Address BAAAAAAAA 4250 ST.AUGUSTINE RD. 4250 ST.AUGUSTINE RD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1223876 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHAEL D HARTLEY.... Street Address (P.O. Box Number is Not Acceptable) 8278 PERSIMMON HILL LANE JACKSONVILLE FL 32256 City Zip Code FL 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. Skineture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/0<del>1</del> Addition ☐ Detete Change TITLE TITLE HARTLEY, MICHAEL NAME NAME E034 STREET ADORESS STREET-100RESS 8278 PERSIMMON HILL LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME MCCONNAUGHEY, DIANE NAME STREET ADDRESS STREET ADDRESS 12874 BRADY RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENTERED JAN 1 8 2002 TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this fit indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with SIGNATURE:

**FILED**