2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **456936** 1. Entity Name BOWERS PUBLISHING COMPANY OF FLORIDA, INC. 03-03-2000 90236 015 ***150.00 Principal Place of Business Mailing Address P O BOX 7077 P O BOX 7077 WESLEY CHAPEL FL 33543-7077 WESLEY CHAPEL FL 33543-7077 3. Mailing Address BOX DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1201571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOWERS, MARK L Street Address (P.O. Box Number is Not Acceptable) 4716 TAMPA DOWNS BLVD **LUTZ FL 33549** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 ang digital and the second · ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS. 12. 111. Delete TITLE ☐ Addition TITLE BOWERS, MARK L. NAME NAME 4716 TAMPA DOWNS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LUTZ FL ☐ Delete TITLE TITLE BOWERS, HELEN L NAME 6079 OLD PASCO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE BOWERS, CAROL L NAME NAME 4716 TAMPA DOWNS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL VP. ☐ Addition ☐ Delete TITLE TITLE **BOWERS, GEORGE R** NAME NAME 6079 OLD PASCO RD STREET ADDRESS STREET ADDRESS **WESLEY CHAPEL FL 33544** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

MARKE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

(727) 376-0441

Date

Daytime Phone #