Apr 29 21 09:00a

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79006

1. Entity Name

PUBLISHERS CERTIFIED SERVICE, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
445 DOUGLAS AVE	445 DOUGLAS AVE
Suite, Apt. #, etc. Suite 2005-13	Suite, Apt. #, etc. Suite 2005-13
City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32714 Country USA	Zip 32714 Country USA

4. FEI Number 593492077 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHARON ICOVITTI

Street Address (P.O. Box Number is Not Acceptable): 445 DOUGLAS AVE Suite 2005-13

City: ALTAMONTE SPRINGS FL Zip Code: 32714

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: Sharon Icovitti 04/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 D.P. NAME SHARON ICOVITTI STREET ADDRESS 445 DOUGLAS AVE, STE 2005-13 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Icovitti SHARON ICOVITTI 4/29/02 407-331-5000

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR Date Daytime Phone #