

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

008650

DOCUMENT # N96000001867

1. Entity Name

ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTOR

01-20-2001 90091 044 ****61.25

Principal Place of Business Mailing Address
 211 REED RD 211 REED RD
 ABSECON NJ 08201 ABSECON NJ 08201
 US US

UUUU5407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
58-1455484 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNEY, BARBARA
2095 PREMIER ROW
ORLANDO FL 32809

7. Name and Address of New Registered Agent
 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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

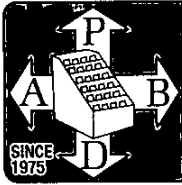
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEEN, SUSAN	
STREET ADDRESS	1011 HAULTAIN CT UNIT 2	
CITY-ST-ZIP	MISSISSAUGA ONT CANADA LA-W1W1	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDSMITH, HENRY	
STREET ADDRESS	211 REED RD	
CITY-ST-ZIP	ABSECON NJ 08201	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAUFMAN, MARK	
STREET ADDRESS	420 FAIRFIELD AVE.	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOSTETTER, DAVID	
STREET ADDRESS	966 HOUSTON NORTHCUTT BLVD #P	
CITY-ST-ZIP	MT PLEASANT NC 29464	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FEARN, JONATHAN	
STREET ADDRESS	1120 JOSHUA WAY	
CITY-ST-ZIP	VISTA CA 92083	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEY, BARBARA	
STREET ADDRESS	2095 PREMIER ROW	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MORRISON	
STREET ADDRESS	161 PARK VIEW DRIVE	
CITY-ST-ZIP	LANDISVILLE PA 17538	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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 like empowered.

SIGNATURE: *[Signature]* **DE CHENRY-GOLDSMITH, TREASURER** 1/8/01 (609) 645-3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



Association of
PROFESSIONAL
BROCHURE
DISTRIBUTORS

Attachment Sheet

#1796000001867

D0005457

PLEASE MAKE REPLY TO:

ITEM 11 ADDITIONAL DIRECTOR

D
ARNOLD SKELTON
P.O. BOX 1927
SKYLINE NC 28776

1/8/01

Alfred
Treas.