

2000 UNIFORM BUSINESS REPORT (UBR)

3)

FILED
May 02, 2000 8:00 am
Secretary of State

03-06-2000 90006 006 ***150.00

DOCUMENT # P99000074305

1. Entity Name
MANUFACTURING CONCEPTS PUBLISHING, INC.

Principal Place of Business Mailing Address
 6287 BAHIA DEL MAR CIRCLE S. #403 6287 BAHIA DEL MAR CIRCLE S. #403
 ST PETERSBURG FL 33715 ST PETERSBURG FL 33715-1067

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3595553 Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZACHER, MARTA K
6287 BAHIA DEL MAR CIRCLE S, #403
ST PETERSBURG FL 33715

7. Name and Address of New Registered Agent
 Name **Marta Z. Apostolu (married name)**
 Street Address (P.O. Box Numbers Not Acceptable) **6287 Bahia Del Mar Circle S #403**
 City **St. Petersburg** FL Zip Code **33715**

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHER, MARTA K		NAME	Apostolu, Marta Z.	
STREET ADDRESS	6287 BAHIA DEL MAR CIRCLE S, #403		STREET ADDRESS	6287 Bahia Del Mar Circle S, #403	
CITY-ST-ZIP	ST PETERSBURG FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marta Z. Apostolu 2/28/00 727-867-0153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)