

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649221

1. Entity Name

TREND MAGAZINES, INC.

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

03-02-2000 90087 025 ***150.00

Principal Place of Business

Mailing Address

490 1ST AVE. S.
8TH FLOOR
ST. PETERSBURG FL 33701
US

P.O. BOX 611
ST. PETERSBURG FL 33731-0611
US



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 **59-1057320**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROALES, JUDITH
490 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33701

Name
Andrew P. Corty
Street Address (P.O. Box Number is Not Acceptable)
490 First Avenue South
City
St. Petersburg **FL** Zip Code
33701

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

Andrew P. Corty **ANDREW P. CORTY** **2/25/00**

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) ☐

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	CD	<input type="checkbox"/> Delete
NAME	BARNES, ANDREW	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORTY, ANDREW	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASH, PAUL	
STREET ADDRESS	490 1ST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEEVER, LYNDIA	
STREET ADDRESS	490 1ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, MARK	
STREET ADDRESS	490 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBUR FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1ST AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 602, 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:

Andrew P. Corty

ANDREW P. CORTY

2/25/00

727/893-8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)