

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 238211

1. Entity Name
ADVERTISERS PRESS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90254 009 ***150.00

Principal Place of Business 6620 LAKESIDE RD. W PALM BCH FL 33411	Mailing Address 6620 LAKESIDE RD. W PALM BCH FL 33421-0516
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3359 Belvedere Rd Suite, Apt. #, etc. Suite J	3. Mailing Address P.O. Box 210516 Suite, Apt. #, etc.
City & State West Palm Beach FL	City & State Royal Palm Beach FL
Zip 33406 Country USA	Zip 33421 Country USA

4. FEI Number 59-0976490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUBBARD, THOMAS L
1048 LAKE BREEZE DR
W PALM BCH FL 33414

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILSEN, ROBERT F 415 48THJ STREET WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBARD, THOMAS L. 1048 LAKE BREEZE DR. W. PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUBBARD, BETTY J. 1048 LAKE BREEZE DR. W. PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Thomas L. Hubbard* **1-11-2000** **561-346-5337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)