

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90118 048 ***150.00

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DOCUMENT # 238211

1. Entity Name
ADVERTISERS PRESS, INC.



Principal Place of Business
**1859 N JOG
DOLL
WEST PALM BEACH FL 33406**

Mailing Address
**P O BOX 210516
ROYAL PALM BEACH FL 33421**

11011103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0976490**

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

**HUBBARD, THOMAS L
16790 PIMLICO RD
W PALM BCH FL 33414**

Name **Thomas L. Hubbard**
Street Address (P.O. Box Number is Not Acceptable) **7910 Burlwood Lane**
City **Lake Worth** **FL** Zip Code **33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thomas L. Hubbard**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas L. Hubbard 4-17-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	NEILSEN, ROBERT F
STREET ADDRESS	56229 MAPLE RD
CITY-ST-ZIP	ASTOR FL 32102
TITLE	PD <input type="checkbox"/> Delete
NAME	HUBBARD, THOMAS L.
STREET ADDRESS	16790 PIMLICO RD
CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE	STD <input type="checkbox"/> Delete
NAME	HUBBARD, BETTY J.
STREET ADDRESS	16790 PIMLICO RD
CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas L. Hubbard
STREET ADDRESS	7910 Burlwood Lane
CITY-ST-ZIP	Lake Worth, Florida 33467
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	<input 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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 561-352-5337
Date Daytime Phone #

CR2E034 (10/02)