

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334571

1. Entity Name

RETAIL CREDIT PUBLICATIONS INC

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90085 009 ***150.00

Principal Place of Business

7502 ANNA AVENUE
GIBSONTON FL

Mailing Address

P.O. BOX 1461
GIBSONTON FL 33534-1461

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

RIVERVIEW, FL

Zip

Country

Zip

Country

33568-0790 USA

4. FEI Number

59-1706918

Applied For

Not Applicable

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

FEARNON, C.D.

7502 ANNA AVENUE

APT. 1

GIBSONTON FL 33534

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

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	P	<input type="checkbox"/> Delete
NAME	FEARNOW, CHARLES F.	
STREET ADDRESS	7502 ANNA AVE	
CITY-ST-ZIP	GIBSONTON FL 33534-1461	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FEARNON, N.T.	
STREET ADDRESS	7502 ANNA AVE	
CITY-ST-ZIP	GIBSONTON FL 33534-1461	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEARNON, CHRISTOPHER D	
STREET ADDRESS	7502 ANNA AVE	
CITY-ST-ZIP	GIBSONTON FL 33534-1461	
TITLE	V	<input type="checkbox"/> Delete
NAME	FEARNON, CHARLES F JR.	
STREET ADDRESS	7017 GIBSONTON DRIVE	
CITY-ST-ZIP	GIBSONTON FL 33534	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000

813-9850206

CR2E034 (9/99)