

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90146 033 ***150.00

DOCUMENT # 393185



1. Entity Name
PRINCE PUBLISHING, INC.

Principal Place of Business
**1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310-9246**

Mailing Address
**1600 CAPITAL CIRCLE, S.W.
TALLAHASSEE FL 32310-9246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1401501**

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

**LOWE, FRANCIS CASEY
1600 CAPITAL CIR SW
TALLAHASSEE FL 32310**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	CFVD	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT	
STREET ADDRESS	1600 CAPITAL CIRCLE SW	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	COB	<input type="checkbox"/> Delete
NAME	PRINCE, R.	
STREET ADDRESS	1600 CAPITAL CIR., S.W.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	CEVD	<input type="checkbox"/> Delete
NAME	LOWE, FRANCES C	
STREET ADDRESS	1600 CAPITAL CIRCLE SW	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hardy, Robert	
STREET ADDRESS	1600 Capital Circle SW	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowe, Frances	
STREET ADDRESS	1600 Capital Circle SW	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Musgrove, Lani	
STREET ADDRESS	1600 Capital Circle SW	
CITY-ST-ZIP	Tallahassee, FL 32310	
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:

Frances C. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances C. Lowe 1-29-03 575 0189

Date

Daytime Phone #

CR2E034 (10/02)