2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 512104** 1. Entity Name PINELLAS PUBLISHERS, INC. 02-28-2001 90008 020 ***150.00 Principal Place of Business Mailing Address 438 CRAIG DRIVE 438 CRAIG DRIVE PO BOX 1028 -PO BOX 1028 TARPON SPRINGS FL 34688-1028 TARPON SPRINGS FL 34688-1028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE =4. FEI Number - 59-1689169 City & State Applied For City &:State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEATRICE GILBERT BRITTON RAYNARD, BEATRICE L Street Address (P.O. Box Number is Not Acceptable) 438 CRAIG DRIVE **TARPON SPRINGS FL 34689** City TARPON SPRINGS 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. Beatrice Kilbert Britton, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Detete TITLE. RAYNARD, STAMEY G NAME STREET ADDRESS 10878 SE 108TH TERR RD BOX 94 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANDLER FL 32111 Delete TITLE TITLE BRITTON, BEATRICE GILBERT 438 CRAIL DRIVE, PO 1028 NAME RAYNARD, BEATRICE NAME STREET ADDRESS STREET ADDRESS 438 CRAIG DR PO BOX 1028 TARPON SPRINGS FL 3468F-1028 CITY-ST-ZIP **PORT RICHEY FL 34668-1028** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BEATRICE GILBERT BRITTON Gilbert Britton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR