

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545397

1. Entity Name
OVIEDO PUBLISHING COMPANY, INC.

Principal Place of Business
935 NORTHERN DANCER WAY
205
CASSELBERRY FL 32707
US

Mailing Address
935 NORTHERN DANCER WAY
205
CASSELBERRY FL 32707
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

FILED
Jan 10, 2002 8:00 am
Secretary of State
01-10-2002 90009 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1793025 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FULLINGTON, EDWARD L.
935 NORTHERN DANCER WAY, #205
CASSELBERRY FL 32707

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 *Edward L. Fullington* 1-3-02
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, 2002 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	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RISHER, THOMAS		NAME		
STREET ADDRESS	222 CIMARRON BLVD		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL 32159		CITY-ST-ZIP		
TITLE	CH/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLES, JAMES		NAME		
STREET ADDRESS	PO BOX 365 ((N/A))		STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL 32732		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FULLINGTON, EDWARD		NAME		
STREET ADDRESS	935 NORTHERN DANCER WAY		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSSABOOM, ROGER		NAME		
STREET ADDRESS	144 LAKESIDE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELER, FRAN N.		NAME		
STREET ADDRESS	6065 LAKE CHARM CIR		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN ASSCHE, FRED		NAME		
STREET ADDRESS	555 EAST LAKE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		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 empowered.

SIGNATURE: *Edward L. Fullington* 1/3/02 407 6999315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

006886 AV

CR2E034 (9/01)