

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90055 004 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**FULLINGTON, EDWARD L.  
935 NORTHERN DANCER WAY, #205  
CASSELBERRY FL 32707**

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 ☐ Delete  
NAME **S/D RISHER, THOMAS**  
STREET ADDRESS **222 CIMARRON BLVD**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CH/D NOLES, JAMES**  
STREET ADDRESS **PO BOX 365 ((N/A))**  
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P/D FULLINGTON, EDWARD**  
STREET ADDRESS **935 NORTHERN DANCER WAY**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D COSSABOOM, ROGER**  
STREET ADDRESS **144 LAKESIDE CIRCLE**  
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D WHEELER, FRAN N.**  
STREET ADDRESS **6065 LAKE CHARM CIR**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D VAN ASSCHE, FRED**  
STREET ADDRESS **555 EAST LAKE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ 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:**

**EDWARD FULLINGTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)