

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 700218**

1. Entity Name

SPANISH PUBLICATIONS, INC.**FILED****Jan 23, 2002 8:00 am**
Secretary of State

01-23-2002 90085 045 ****61.25

Principal Place of Business

**20975 SWENSON DR
STE 125
WAUKESHA WI 53186-4064
US**

Mailing Address

**20975 SWENSON DR.
SUITE 125
WAUKESHA WI 53186-4064
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

59-6175128

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

**SHEDD, HUDSON REV
12311 12TH AVE EAST****BRADENTON FL 34202-2793**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|---|--------------------------|--|
| TITLE | P | WALKER, WILLIAM H., MRS. | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 5369 HIGHWAY ZC | |
| CITY-ST-ZIP | | DOUSMAN WI 53118 | |

| | | |
|----------------|------------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard H Walker | |
| STREET ADDRESS | 20975 Swenson Drive, Ste 125 | |
| CITY-ST-ZIP | Waukesha, WI 53186-4064 | |

| | | | |
|----------------|---|-----------------------|---------------------------------|
| TITLE | D | ELLIOTT, PAUL | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 5718 BENT CREEK TRAIL | |
| CITY-ST-ZIP | | DALLAS TX 75252 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|----------------|----|--------------------------|---------------------------------|
| TITLE | TD | LINCOLN, FRANK J | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 207 HEMLOCK DR. | |
| CITY-ST-ZIP | | RICHARDSON TX 75081-3908 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|----------------|---|------------------|---------------------------------|
| TITLE | D | ZEMAN, CHARLES | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | PO BOX 1086 | |
| CITY-ST-ZIP | | KILGORE TX 75663 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|----------------|---|-------------------------|---------------------------------|
| TITLE | D | SHEDD, HUDSON | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 12311 12TH AVE EAST | |
| CITY-ST-ZIP | | BRADENTON FL 34202-2793 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|----------------|---|----------------------------|---------------------------------|
| TITLE | C | WALKER, STEPHEN | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 20975 SWENSON DR., STE 125 | |
| CITY-ST-ZIP | | WAUKESHA WI 53186-4064 | |

| | | |
|----------------|--|---|
| 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 617, 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: Stephen G Walker / Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2002 262-798-5255

Date

Daytime Phone #

CR2E037 (9/01)