

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90192 009 \*\*\*150.00

**DOCUMENT # H04155**

1. Entity Name

SHULL BROADCASTING COMPANY, INC.



Principal Place of Business

P.O. BOX 3847

ST. AUGUSTINE FL 32085

Mailing Address

P.O. BOX 3847

ST. AUGUSTINE FL 32085

2. Principal Place of Business

567 Lewis Pt. Rd. Ext.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

4. FEI Number

59-2421490

Applied For

Not Applicable

Zip

32086

Country

ST. JOHNS

Zip

Country

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

SHULL, DOUGLAS D. - 567 LEWIS PT. RD. EXT.

1-RADIO ROAD P.O. BOX 3847

ST. AUGUSTINE FL 32085

ST. AUGUSTINE, FL - 32086

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 P  
NAME SHULL, DOUGLAS D. - LEWIS PT. RD. EXT. - 32086  
STREET ADDRESS ONE-RADIO ROAD P.O. BOX 3847  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE  
NAME SHULL, DAVID D.  
STREET ADDRESS SECRETARY - LEWIS PT. RD. EXT. 32086  
CITY-ST-ZIP P.O. BOX 3847  
ST. AUGUSTINE, FL 32085

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03

904-797-1955

CR2E034 (10/02)