

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90326 012 ***158.75

DOCUMENT # H06798

1. Entity Name
FLYER PUBLISHING OF TAMPA, INC.

Principal Place of Business
201 KELSEY LANE
TAMPA FL 33619
US

Mailing Address
P.O. BOX 5059
TAMPA FL 33675-5059

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 **59-2410913**

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

~~LEGAL ASSETS INC.~~
~~1401 BRICKELL AVE.~~
~~SUITE 700~~
~~MIAMI FL 33131~~

Name
W. J. Stanton P.A.
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd., Suite 3410
 City **Miami** FL Zip Code **33131**

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

W. J. Stanton P.A. President

4-20-01

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	MANDT, RICHARD D.	
STREET ADDRESS	116 ADALIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	FASV	<input type="checkbox"/> Delete
NAME	MANDT, JUDITH M.	
STREET ADDRESS	116 ADALIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	MANDT, A.J.M.	
STREET ADDRESS	10115 SWEET JASMINE DR. 116 Adalia Ave	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MANDT, SAMUEL P	
STREET ADDRESS	4003 S WESTSHORE BLVD., 1005 116 Adalia Ave	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RD MANDT SECRETARY 4-16-01 813-626-9430

Date

Daytime Phone #

CR2E034 (10/00)