


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90252 018 ***150.00

MA725371 AL

DOCUMENT # H06798


1. Entity Name
FLYER PUBLISHING OF TAMPA, INC.



Secretary of State
05-02-2003 90252 018 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STANTON, W J PA
200 S BISCAYNE BLVD SUITE 3410
MIAMI FL 33131

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PS
MANDT, RICHARD D.
116 ADALIA AVE.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FASV
MANDT, JUDITH M.
116 ADALIA AVE.
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VDAS
MANDT, A.J.M.
116 ADALIA AV
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DAS
MANDT, SAMUEL P
116 ADALIA AV
TAMPA FL

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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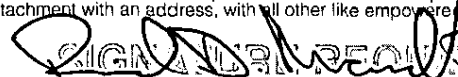
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☐ Change ☐ Addition

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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 empowerers.

SIGNATURE:  4/28/03 813-626-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #