

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90002 035 ***150.00

DOCUMENT # **H76837**
1. Entity Name **LIPPHARDT ADVERTISING, INC** ✓

972415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5401 W. KENNEDY BLVD Suite, Apt. #, etc. 1000 City & State TAMPA FL Zip 33609 Country USA		3. Mailing Address 5401 W. KENNEDY BLVD Suite, Apt. #, etc. 1000 City & State TAMPA, FL Zip 33609 Country USA	
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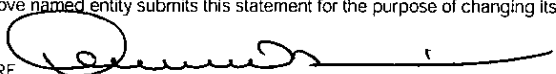
DO NOT WRITE IN THIS SPACE

4. FEI Number 592581288	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DAVID RICE	
Street Address (P.O. Box Number is Not Acceptable) 27 SEVILLA STREET	
City ST AUGUSTINE FL	Zip Code 32084

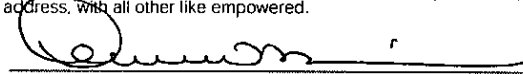
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **7-30-02**
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) ☒	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. DAVID RICE 27 SEVILLA ST ST AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **7-30-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)