

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59484

1. Entity Name

MARCH MEDIA, INC.

Principal Place of Business

Mailing Address

4404 NEWPORT DRIVE
NEW PORT RICHEY FL 34652

P.O. BOX 308
NEW PORT RICHEY FL 34656-0308

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

59-2780762

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

WILDER, FRED J
407 S EWING AVENUE
CLEARWATER FL 33756-5766

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

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	BOIYCE, W.H.	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOIYCE, M.D.	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	PAUL, WILLIAM D II	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAM H BOIYCE	
STREET ADDRESS	4044 NEWPORT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	SHELLEY A DAVIS	
STREET ADDRESS	4044 NEWPORT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ALAN BELINKOFF	
STREET ADDRESS	4044 NEWPORT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.H. Boyce

2/1/00

727 842-844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90085 043 ***150.00

913908



DO NOT WRITE IN THIS SPACE