

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 PM 2:35

DOCUMENT # K32364

1. Entity Name

Pass The Word Publications, Inc.



DO NOT WRITE IN THIS SPACE

100018017281
05/05/03--01038--011 **150.00

2. Principal Place of Business

881 Butternut Terr

Suite, Apt. #, etc.

3. Mailing Address

881 Butternut Terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0118206

Applied For
Not Applicable

Zip
33486

Country
US

Zip
33486

Country
US

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: Jenny Joy
Street Address (P.O. Box Number is Not Acceptable): 881 Butternut Terr.
City: Boca Raton FL Zip Code: 33486

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 fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE: PD
NAME: Jenny Joy
STREET ADDRESS: 881 Butternut Terr, Boca Raton, FL 33486
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without the empowerment.

SIGNATURE:

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

CR25034B (12/02)

5/13/03
ad