FILED

Jan 08, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

K40721 **Secretary of State** 1. Entity Name 01-08-2002 90022 046 ***150.00 WINTER PARK PUBLISHING COMPANY, INC. Principal Place of Business Mailing Address C/O GERHARD J W MUNSTER C/O GERHARD J W MUNSTER 609 EXECUTIVE DRIVE 609 EXECUTIVE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789 Principal Place of Business 3. Mailing Address 609 Executive Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Winter Pank City & State Applied For FL 59-2915821 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNSTER, GERHARD J.W. Street Address (P.O. Box Number is Not Acceptable) 609 EXECUTIVE DRIVE WINTER PARK FL 32789 Zip Code FL 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 ,9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE \$ \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Delete Addition TITLE Change TITLE MUNSTER, GERHARD J.W NAME MUNSTER, GERHARD J.W. NAME 7519 Waunatta Court STREET ADDRESS STREET ADDRESS 4301 ENRIGHT COURT CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32792 Winter Paik, PL 32792 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS

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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 received trustee empowered to execute this short 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.