

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90076 041 \*\*\*\*50.00

**DOCUMENT # L00000013434**

1. Entity Name

O'TOWN PUBLISHING LLC



Principal Place of Business

Mailing Address

813 ORIENTA AVE  
 ALTAMONTE SPRINGS FL 32701

813 ORIENTA AVE  
 ALTAMONTE SPRINGS FL 32701

900010

2. Principal Place of Business

3. Mailing Address

124 Live Oaks Blvd.  
 Suite, Apt. #, etc.

124 Live Oaks Blvd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Casselberry, FL  
 Zip  
 32707  
 Country  
 USA

City & State  
 Casselberry, FL  
 Zip  
 32707  
 Country  
 USA

4. FEI Number

59-3681481

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKINNER, TONYA D  
 1343 ALBERTA DRIVE  
 WINTER PARK FL 32789

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SKINNER, TONYA D  
 1343 ALBERTA DRIVE  
 WINTER PARK FL 32789  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Managing Member  
 MICHAEL SKINNER  
 1343 ALBERTA DRIVE  
 WINTER PARK, FL 32789  
☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SCALA, WILLIAM D  
 1333 GOLFSIDE DRIVE  
 WINTER PARK FL 32792  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SKINNER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/02 407 647-3773  
 Date Daytime Phone #

CR2E083 (9/01)