

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90398 019 ***150.00

DOCUMENT # L49047

1. Entity Name
THE TIMES TODAY, INC.

Principal Place of Business

33920 US HWY 19 N
216
PALM HARBOR FL 34684
US

Mailing Address

33920 US 19 NORTH
216
PALM HARBOR FL 34684
US

2. Principal Place of Business

905 E. M.L. King Jr. Dr.
 Suite, Apt. #, etc.
220

3. Mailing Address

905 E. M.L. King Jr. Dr.
 Suite, Apt. #, etc.
220

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

6. Name and Address of Current Registered Agent

WINTERS, ELISE K.
600 CLEVELAND ST., SUITE 620
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name **BARRY CARROLL**
 Street Address (P.O. Box Number is Not Acceptable)
1525 Wharfside Dr.
 City **TARPON SPRINGS** **FL** Zip Code **34689**

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, 2002 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

TITLE **D** ☐ Delete
 NAME **CARROLL, BARRY**
 STREET ADDRESS **2014 DIANE AVENUE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ Delete
 NAME **CARROLL, LINDA**
 STREET ADDRESS **2014 DIANE AVENUE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **CARROLL, BARRY**
 STREET ADDRESS **1525 Wharfside Dr.**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ Change ☐ Addition
 NAME **CARROLL, LINDA**
 STREET ADDRESS **1525 Wharfside Dr.**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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

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

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

TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)