

FILED
May 30, 2001 8:00 am
Secretary of State
05-02-2001 90163 034 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004306

1. Entity Name

THE LISTENING POST, INC.

Principal Place of Business

4092 SHERIDAN DR.
PACE FL 32571

Mailing Address

4092 SHERIDAN DR.
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

P.O. Box 2072

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5715 N. Stewart St.

City & State

City & State

Milton FL

PACE

Zip

Country

Zip

Country

32570

USA

32571

USA

4. FEI Number

59-3650103

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

KING, CLAUDIA MARIAH
4092 SHERIDAN DR.
PACE FL 32571

Name

KING CLAUDIA MARIAH

Street Address (P.O. Box Number is Not Acceptable)

5715 N Stewart St

Milton

City

FL

Zip Code

32570

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.

CLAUDIA M. KING

SIGNATURE *Claudia M. King, owner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-3-2001

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director/President</i>
STREET ADDRESS	<i>CLAUDIA M. KING</i>
CITY-ST-ZIP	<i>4092 SHERIDAN DR</i>
	<i>PACE FL 32571</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	<i>JOANN Dingley</i>
CITY-ST-ZIP	<i>5737 Chumuckla Hwy</i>
	<i>PACE FL 32571</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	<i>Dr. Joyce Cook</i>
CITY-ST-ZIP	<i>5011 Sounside Dr.</i>
	<i>Gulf Breeze FL 32561</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	<i>Glenda Griffis</i>
CITY-ST-ZIP	<i>5151 Oakleaf Dr</i>
	<i>PACE FL 32571</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CLAUDIA M. KING* *RESIGNED* *Jan 3, 2001* *850-623-9733*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #