

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004306

1. Entity Name

THE LISTENING POST, INC.

Principal Place of Business

5715 N. STEWART ST
MILTON FL 32570

Mailing Address

PO BOX 2072
PACE FL 32571

2. Principal Place of Business

4092 Sheridan Dr

3. Mailing Address

Suite, Apt. #, etc.

Pace Fl 32571

City & State

City & State

Zip

Country

32571

USA

Zip

Country

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

KING, CLAUDIA MARIAH
5715 N. STEWART ST
PACE FL 32571

7. Name and Address of New Registered Agent

Name

KING CLAUDIA MARIAH

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

4092 Sheridan Dr

Pace Fl 32571

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 Claudia m King

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

(NOTE: Registered Agent signature required when reinstating)

3-21-02

DATE

FILE NOW: FEE 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 DP
NAME KING, CLAUDIA M
STREET ADDRESS 4082 SHERIDAN DR
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE D
NAME DINGLEY, JOANN
STREET ADDRESS 5737 CHUMUCKLA HWY
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE D
NAME COOK, JOYCE
STREET ADDRESS 5011 SOUNSIDE DR
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

TITLE D
NAME GRIFFS, GLENDA
STREET ADDRESS 5151 OAKLEAF DR
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME King CLAUDIA M
STREET ADDRESS 4092 Sheridan Dr
CITY-ST-ZIP PACE FL 32571 ☒ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 CLAUDIA m KING 3-21-02 850-995-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0064107



DO NOT WRITE IN THIS SPACE