

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0043008

DOCUMENT # N00000007844

1. Entity Name

MEDIA PROFESSIONALS OF FLORIDA, INC.

03-13-2002 90153 038 ****61.25

Principal Place of Business

373 SOUTH DUNCAN AVENUE
 CLEARWATER FL 33756

Mailing Address

573 SOUTH DUNCAN AVENUE
 CLEARWATER FL 33756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2088333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, MERRILY
1332 YULEE DRIVE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

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 \$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 **PD** ☐ Delete
 NAME **MILLER, MERRILY P**
 STREET ADDRESS **573 SOUTH DUNCAN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD** ☐ Delete
 NAME **PETERSON, MARK**
 STREET ADDRESS **573 SOUTH DUNCAN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **TD** ☐ Delete
 NAME **MANNING, APRIL**
 STREET ADDRESS **18109 CRAWLEY ROAD**
 CITY-ST-ZIP **ODESSA FL 33556-4827**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26, 2002 727 298-0079

Date

Daytime Phone #

CR2E037 (9/01)