

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-19-2000 90183 022 ****61.25

DOCUMENT # N40639

1. Entity Name

NOTRNEWS, INC.

Principal Place of Business

IMPERIAL HEADQUARTERS
5425 39TH STR E
BRADENTON FL 34203-0538
US

Mailing Address

IMPERIAL HEADQUARTERS
PO BOX 20638
BRADENTON FL 34204-0538
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0003196

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

ENGWILLER, JOHN D.
5627 39TH ST. EAST
BRADENTON FL 34203

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

☐ Election Campaign Financing
☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GUIGELAAR, CURTIS L 100 NORTHLAND DR SAND LAKE MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ENGWILLER, JOHN D. 5627 39TH ST. EAST BRADENTON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D REED, VINCENT P JR 6 ELMWOOD RD LYNNFIELD MA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D ZOSCSAK, GEORGE J 1547 MAYFIELD AVE NE GRAND RAPIDS MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D SUTTON, FRED 208 N BROWN AVE TERRE HAUTE IN 47803	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	D BALCOM, ERNEST P.O. BOX 1003 LAKE PANASOFFKEE FL 33538	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Jimmy Foster 21 1/2 NE 63RD ST. OKLAHOMA CITY, OK 73103

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:

John D. Engwiler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

941-751-1483

Date

Daytime Phone #

CR2E037 (9/99)