

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90037 020 \*\*\*150.00  
 04-09-2001 90063 032 \*\*\*\*\*8.75

**DOCUMENT # P00000043812**

1. Entity Name  
**SOMERLED PUBLISHING INC.**

Principal Place of Business Mailing Address  
 3626 EVERGLADES ROAD 3626 EVERGLADES ROAD  
 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

**C0043369**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 336 Golf View Road #11		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. #408		Suite, Apt. #, etc.	
City & State NORTH PALM BEACH FL		City & State	
Zip 33408	Country USA	Zip	Country
4. FEI Number 65-1086230		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACDONALD, KEVIN 3626 EVERGLADES ROAD PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name: KEVIN McDONALD Street Address (P.O. Box Number is Not Acceptable): 336 Golf View Road #408 City: North Palm Beach FL Zip Code: 33408	
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*Its Mc Donald  
not Mac!*

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: *Kevin McDonald* DATE: 1-5-2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, KEVIN 3626 EVERGLADES ROAD PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDONALD, KEVIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 336 Golf View Road #408 North Palm Beach FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kevin McDonald* DATE: 1-5-2001 DAYTIME PHONE: 516-799-5354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)