2001 UNIFORM BUSINESS REPORT (UBR)

4/23

FILED
Jun 25, 2001 8:00 am
Secretary of State
04-23-2001 90115 018 ***150.00

DOCUMENT # P00000055668

1. Entity Name
INSIDER PUBLICATIONS INC.

Principal Place of Business	Mailing Address
706 PHOENIX AVE. CLEARWATER FL 33756	706 PHOENIX AVE. CLEARWATER FL 33756

Reinstate

2. Principal Place of Business	3. Mailing Address
706 PHOENIX AVE	No change
Suite, Apt. #, etc.	Suite, Apt. #, etc. 706 Phoenix Ave
City & State Clearwater Florida	City & State Clearwater Fla
Zip 33756 Country Tomlin	Zip 33756 Country Tomlin

DO NOT WRITE IN THIS SPACE

4. FEI Number 593696049 ☐ 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
PETERS, JOSEPHINE 706 PHOENIX AVE. CLEARWATER FL 33756	Name Josephine Peters Street Address (P.O. Box Number is Not Acceptable) 706 Phoenix Ave City Clearwater, Fl FL Zip Code 33756

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 X Josephine Peters 5/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECETARY Josephine Peters 706 PHOENIX AVE CLEARWATER, FL 33756	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FRANCIS Peters 706 PHOENIX AVE. CLEARWATER, FL 33756	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Josephine Peters 04/23/01 727-461-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #