

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-14-2002 90331 002 ***150.00

DOCUMENT # P00000090569

1. Entity Name

BOOKS I'VE READ, INC.

Principal Place of Business

Mailing Address

4910 E LAKE DRIVE
WINTER SPRINGS FL 32708POST OFFICE BOX 2828
ORLANDO FL 32802-2828

2. Principal Place of Business

3. Mailing Address

4910 E. Lake Dr

P.O. Box 165265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Springs

Winter Springs

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32708

US

32719

US

DO NOT WRITE IN THIS SPACE

EIN-59-3724462

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WM. PATRICK FULFORD
145 N. MAGNOLIA AVENUE
ORLANDO FL 32801

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's 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	FULFORD, KATHRYN K	
STREET ADDRESS	145 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kathryn Fulford
 Kathryn Fulford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02

407-696-2166

CR20034 (9/01)