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## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2002 8:00 am P00000096950 OCUMENT # **Secretary of State Entity Name** 02-20-2002 90171 039 \*\*\*150.00 NELL PUBLISHING, INC. incipal Place of Business Mailing Address 9608 US 41 NORTH 10608 US 41 NORTH ALMETTO FL 34221 PALMETTO FL 34221 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052311 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNELL, J R Street Address (P.O. Box Number is Not Acceptable) 10608 US 41 NORTH PALMETTO FL 34221 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Change ☐ Addition İTLE ☐ Delete TITLE AME SNELL, MARVIS R NAME TREET ADDRESS 10608 US 41 NORTH STREET ADDRESS ITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition ÎTLE. ☐ Change ☐ Delete TITLE SNELL, RANDOLPH R IAME NAME TREET ADDRESS STREET ADDRESS 10608 US 41 NORTH ITY - ST - ZIP PALMETTO FL 34221 CITY-ST-ZIP ATLE -TITLE Change ☐ Addition ☐ Delete STD-IAME NAME SNELL, J. RANDOLPH TREET ADDRESS STREET ADDRESS 10608 US 41 NORTH UTY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition ÎITLE TITLE ☐ Change ☐ Delete AME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ÎITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP İITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS . City-st-zip CITY-ST-ZIP

BRIMARVIS R. SN ELL SIGNATURE:

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