

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90006 040 \*\*\*150.00

**DOCUMENT # P00000099499**

1. Entity Name  
**PUBLISHING PROFESSIONALS OF PASCO, INC.**

Principal Place of Business  
**10002 HILLTOP DRIVE  
 NEW PORT RICHEY FL 34654**

Mailing Address  
**10002 HILLTOP DRIVE  
 NEW PORT RICHEY FL 34654**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3676307**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**HEMMERLY, CHARLES R**  
~~10002 HILLTOP DRIVE~~ **11120 TYLER DR.**  
~~NEW PORT RICHEY FL 34654~~ **34668**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>HEMMERLY, CHARLES R</b> <b>10002 HILLTOP DRIVE 11120 TYLER DR.</b> <b>NEW PORT RICHEY FL 34654 34668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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 jobs empowered.

SIGNATURE: *Charles R Hemmerly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

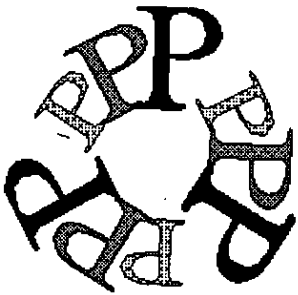
Date: **7-26-02** Daytime Phone #: **727-868-9657**

CR2E034 (4/02)

*All a check*

*675861*

*700000099499*



# Publishing Professionals

11120 Tyler Drive Port Richey, Florida 34668  
Telephone: (727) 868-8657 or (727) 863-6605 Fax: (727) 861-1109  
info@pubprof.com www.pubprof.com

July 26, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed please find my 2002 Uniform Business Report. I did not receive the first notice. I was in the process of moving and it was returned to you because of the address change. I received this notice the first of July, addressed to my new address (11120 Tyler Drive, Port Richey, 34668); however the form enclosed still shows my old address (11120 Hilltop Drive, New Port Richey 34654).

Please waive the \$500 fee due to the circumstances. I have enclosed a check for \$150.00. Thank you.

Sincerely,

PUBLISHING PROFESSIONALS OF PASCO, INC.

Charles R. Hemmerly

Encl.

CHANGES TO UNIFORM BUSINESS REPORTS

PUBLISHING PROFESSIONALS OF PASCO, INC.

11120 Tyler Drive