

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000116121**1. Entity Name
OFF THE WALL PUBLISHING, INC.

Principal Place of Business

1170 MARTINIQUE COURT

MARCO ISLAND

34145

FL

Mailing Address

1170 MARTINIQUE COURT

MARCO ISLAND

34145

FL

2. Principal Place of Business

317 N. COLLIER BLVD.

3. Mailing Address

317 N. COLLIER BLVD.

Suite, Apt. #, etc.

STE. 204B

Suite, Apt. #, etc.

STE. 204B

City & State

MARCO ISLAND

FL

City & State

MARCO ISLAND

FL

Zip

34145

Country

Zip

34145

Country

4. FEI Number

59-3689879

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBSTER RONALD S
985 N. COLLIER BOULEVARD

MARCO ISLAND

34145

FL

US

7. Name and Address of New Registered Agent

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 signature required when reinstating)

04/30/2001

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

TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENBOOM MATT	
STREET ADDRESS	1170 MARTINIQUE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TEKUS MARY T	
STREET ADDRESS	1170 MARTINIQUE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWSON JAMES A	
STREET ADDRESS	1170 MARTINIQUE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEBOOM JOHN M	
STREET ADDRESS	275 COLUMBUS WAY	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: John Matthew Roseboom

V

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)