

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91151 002 ***150.00

DOCUMENT #

1. Entity Name *OFF THE WALL Publishing Inc.*

PO00000116121 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

317 N. Collins Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

4. FEI Number

593689879

Applied For

Not Applicable

34145

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES A LAWSON

Street Address (P.O. Box Number is Not Acceptable)

1123 BARD EAGLE DR

Apt. #

City

MARCO ISLAND

FL

Zip Code

34145

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

James A. Lawson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>JAMES A. LAWSON</i>
NAME	<i>President</i>
STREET ADDRESS	<i>1123 BARD EAGLE DR</i>
CITY - ST - ZIP	<i>MARCO ISLAND FL 34145</i>
TITLE	<i>VICE President</i>
NAME	<i>MATT ROSEBORN</i>
STREET ADDRESS	<i>1829 WATSON RD</i>
CITY - ST - ZIP	<i>FL 34145</i>
TITLE	<i>VICE President</i>
NAME	<i>MARY TEKUS</i>
STREET ADDRESS	<i>1170 MARTINIQUE CT</i>
CITY - ST - ZIP	<i>FL 34145</i>

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941 344 4050

Date

Daytime Phone #