

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90011 031 ***150.00

DOCUMENT # P01000017889

1. Entity Name

KELLNER/FULLERTON/MCBRIDE ADVERTISING, INC.

Principal Place of Business

Mailing Address

**165 MADEIRA AVENUE, SUITE 9
 CORAL GABLES FL 33134**

**165 MADEIRA AVENUE, SUITE 9
 CORAL GABLES FL 33134**

00036692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3119 Ponce de Leon Blvd.

3119 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Coral Gables, FL

Coral Gables, FL

4. FEI Number

Applied For

65-1079732

Not Applicable

Zip

Country

Zip

Country

33134

USA

33134

USA

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

FULLERTON, ADAM

165 MADEIRA AVENUE, SUITE 9

CORAL GABLES FL 33134

Name

Adam Fullerton

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

3119 Ponce de Leon Blvd. Suite A

City

Coral Gables FL

Zip Code

33134

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]

02-20-02

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

(NOTE: Registered Agent 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 State

10. 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 NAME	D FULLERTON, ADAM	<input type="checkbox"/> Delete
STREET ADDRESS	165 MADEIRA AVENUE, SUITE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	D KELLNER, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	165 MADEIRA AVENUE, SUITE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	D KELLNER, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	165 MADEIRA AVENUE, SUITE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	D MCBRIDE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	165 MADEIRA AVENUE, SUITE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Fullerton, Adam	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3119 Ponce de Leon Blvd. Suite A	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME	D Kellner, Douglas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3119 Ponce de Leon Blvd. Suite A	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME	D Kellner, Jennifer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3119 Ponce de Leon Blvd. Suite A	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME	D McBride, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3119 Ponce de Leon Blvd. Suite A	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-02

Date

Daytime Phone #

CR2E034 (9/01)