

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

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90165 036 ***158.75

DOCUMENT # **PO1000020142**

1. Entity Name

DAILY NEWS ADVERTISING ✓

DO NOT WRITE IN THIS SPACE

89053621

2. Principal Place of Business

1206 28th AVE. EAST

3. Mailing Address

P.O. BOX 626

Suite, Apt. #, etc.

SUITE "D"

Suite, Apt. #, etc.

City & State

ELLENTON, FL

City & State

ELLENTON, FL

Zip

34222

Country

U.S.A.

Zip

34222

Country

U.S.A.

4. FEI Number

65-1105866

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JOHN D. GOOD**

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

1206 28th AVE. EAST

City

ELLENTON,

FL

Zip Code

34222

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

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 **CHAIRMAN**
NAME **JOHN D. GOOD**
STREET ADDRESS **1206 28th AVE. EAST SUITE "D"**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **PRESIDENT - LEO**
NAME **GERALD I. BAILY**
STREET ADDRESS **1206 28th AVE EAST**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **BOARD MEMBER**
NAME **DOUGLAS G. GARDEN**
STREET ADDRESS **130 JACARANDA WAY**
CITY-ST-ZIP **PARRISH FL 34219**

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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. GOOD

03-18-02

Date

941-447-0186

Daytime Phone #

CR2E034B (12/01)