

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90088 016 ***158.75

DOCUMENT # P01000020142

1. Entity Name

DAILY NEWS ADVERTISING, INC.



Principal Place of Business

**1206 28TH AVE. EAST
SUITE "D"
ELLENTON FL 34222
US**

Mailing Address

**P O BOX 626
ELLENTON FL 34222
US**

2. Principal Place of Business

**730 PLANTERS MANOR WY
Suite, Apt. #, etc.**

3. Mailing Address

**AS ABOVE
Suite, Apt. #, etc.**

City & State

BRADENTON, FL

City & State

AS ABOVE

Zip

34212

Country

MANATEE

Zip

AS ABOVE

Country

AS ABOVE

4. FEI Number

65-1105866

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GOOD, JOHN D
1206 28TH AVE. EAST
SUITE "D"
ELLENTON FL 34222**

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

SIGNATURE

JOHN D. GOOD

3-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **C** ☐ Delete
NAME: **GOOD, JOHN D**
STREET ADDRESS: **1206 28TH AVE. EAST, STE. D**
CITY-ST-ZIP: **ELLENTON FL 34222**

TITLE: **PCEO** ☐ Delete
NAME: **BAILY, GERALD I**
STREET ADDRESS: **1206 28TH AVE EAST**
CITY-ST-ZIP: **ELLENTON FL 34222**

TITLE: **BDM** ☐ Delete
NAME: **GARDEN, DOUGALS C**
STREET ADDRESS: **130 JACA RANDA WAY**
CITY-ST-ZIP: **PARRISH FL 34219**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REJOHN D. GOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2003 941-447-0186

Date

Daytime Phone #

CR2E034 (10/02)