

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000020142**

1. Entity Name

**DAILY NEWS ADVERTISING, INC.**



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

03-13-2003 90088 016 \*\*\*158.75



CHECK HERE IF MAKING CHANGES

Principal Place of Business

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

2. Principal Place of Business **730 PLANTERS MANOR WY** 3. Mailing Address **AS ABOVE**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

Zip

**34212**

Country

**MANATEE**

City & State

Zip

Country

4. FEI Number

**65-1105866**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**JOHN D. GOOD**

**3-10-03**

DATE

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

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

(NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
				<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
C	GOOD, JOHN D	1206 28TH AVE. EAST, STE. D	ELLENTON FL 34222	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PCEO	BAILY, GERALD I	1206 28TH AVE EAST	ELLENTON FL 34222	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BDM	GARDEN, DOUGALS C	130 JACA RANDA WAY	PARRISH FL 34219	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOHN D. GOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-2003 941-447-0186**

Date

Daytime Phone #

CR2E034 110/01