

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90004 001 ***150.00

DOCUMENT # P01000028423

1. Entity Name

PUMA PUBLISHING GROUP INC..

Principal Place of Business

**10302 S FEDERAL HWY STE 290
 PORT ST LUCIE FL 34952**

Mailing Address

**10302 S FEDERAL HWY STE 290
 PORT ST LUCIE FL 34952**

2. Principal Place of Business

8491 Hospital Dr. #327
 Suite, Apt. #, etc.

3. Mailing Address

8491 Hospital Dr. #327
 Suite, Apt. #, etc.

City & State

Douglasville, GA 30134

City & State

Douglasville GA

Zip

Country

30134-2412

Zip

Country

30134-2412

4. FEI Number

65-1089802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, BRUCE S
 195 SW GETTYSBURG DR
 PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **Bruce S. Gardner**
 Street Address (P.O. Box Number is Not Acceptable)
2170 Pine Grove Road
 City **St. Cloud** **FL** Zip Code **34771**

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 **Bruce S. Gardner**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2002
 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

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**President
 Bruce S. Gardner
 2170 Pine Grove Road
 St. Cloud, FL 34771**

CR2E034 (9/01)

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:

Bruce S. Gardner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

286-435-3023