

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

FORM 1 AV

DOCUMENT # P01000047293

1. Entity Name
ILERBEA PUBLISHING COMPANY, INCORPORATED

05-20-2002 90110 014 ***150.00

Principal Place of Business
**7820 COLONY CIR. #1310
 TAMARAC FL 33321**

Mailing Address
**7820 COLONY CIR. #1310
 TAMARAC FL 33321**



2. Principal Place of Business
7611 Tamarac Island Cir

3. Mailing Address
7611 Tamarac Island Cir.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number
65-1114579

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country
33321 Broward **FL 33321 Broward**

6. Name and Address of Current Registered Agent
**ROBINSON, EDDIE
 7820 COLONY CIR, #1310
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent
 Name **Eddie Robinson**
 Street Address (P.O. Box Number is Not Acceptable) **7611 Tamarac Island Circle**
 City **Tamarac** **FL** Zip Code **33321**

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: **Eddie Robinson** **Eddie Robinson** **4/26/02**
 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.

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 STREET ADDRESS CITY-ST-ZIP	PCEO ROBINSON, EDDIE 7820 COLONY CIR, #1310 TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Eddie Robinson 7611 Tamarac Island Cir. Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eddie Robinson** **4/26/02** **954-724-3272**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)