

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90196 033 ***150.00

DOCUMENT # P01000060612

1. Entity Name
SUSAN GALE PUBLISHING, INC.

Principal Place of Business
21 SILK OAKS DRIVE
ORMOND BEACH FL 32176

Mailing Address
21 SILK OAKS DRIVE
ORMOND BEACH FL 32176

96562



2. Principal Place of Business
21 SILK OAKS DR.
 Suite, Apt. #, etc.

3. Mailing Address
21 SILK OAKS DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach, FL.
 Zip
32176 Country
US

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Ormond Beach, FL.
 Zip
32176 Country
US

4. FEI Number
59-3726956
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DRUMMOND, SUSAN
21 SILK OAKS DRIVE
ORMOND BEACH FL 32176

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.

SIGNATURE (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) ☒

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	President Susan Drummond 21 SILK OAKS DR. Ormond Beach, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: **Susan Drummond, President**

4-28-2002 386-441-5300
 Date Daytime Phone #

CR2E034 (9/01)