

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 019 ***150.00

DOCUMENT # P01000061964

1. Entity Name *MAGAZINE PUBLISHERS OF FLORIDA, INC.*

DO NOT WRITE IN THIS SPACE

B0123381

2. Principal Place of Business
12788 W. FOREST HILL BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1003

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

Zip

33414

Country

USA

Zip

Country

4. FEI Number

46-0477907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ROBERT R. MORRIS

Street Address (P.O. Box Number is Not Acceptable)

685 ROYAL PALM BEACH BLVD.

City

ROYAL PALM BEACH

FL

Zip Code

33411

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 *ROBERT R. MORRIS - ATTY*

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

(NOTE: Registered Agent signature required when reinstating)

5-22-02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Filing Period
After May 1, Filing Period
Amended 1999
Make Check Payable to Department of Banking

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
BARRY MANNING
1004 ISLAND MANOR DR.
W. PALM BEACH, FL 33413*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*SECRETARY
JOSHUA I. MANNING
1004 ISLAND MANOR DR.
W. PALM BEACH, FL 33413*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry Manning*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-02

Date

561-793-7606

Daytime Phone #