

2002 UNIFORM BUSINESS REPORT (UBR)

5/28

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 91698 029 ***150.00

DOCUMENT # P01000066608

1. Entity Name

NORTH WASHINGTON BOOKS, INC.

Principal Place of Business

1038 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address

1038 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

2. Principal Place of Business

1038 N. Washington
Suite, Apt. #, etc.

3. Mailing Address

18340 Ventura
Suite, Apt. #, etc.
230

City & State

Sarasota FL

Zip
34236

Country
USA

City & State

Torrance CA

Zip
90506

Country
USA

4. FEI Number

65-1119822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIROT, LUKE CHARLES ESQ
112 E. STREET, STE. B
TAMPA FL 33602

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

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.
(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
D...
CAMPBELL, JOHN
1038 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Don Browning
5921 Julian Lane
Torrance, CA 90506

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Jennifer Alandari Controller 6/26/02 818-757-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)