

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90129 011 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000073679**

1. Entity Name  
**PULSE ADVERTISING, INC.**



Principal Place of Business  
**1015 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601**

Mailing Address  
**1015 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601**

**90134040**

2. Principal Place of Business  
**818 W University Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 14721**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**Suite 201**  
City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number  
**59-3735393**

Applied For  
☐ Not Applicable

Zip  
**32601**

Country

Zip  
**32604**

Country

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

6. Name and Address of Current Registered Agent

**GRINKOT, BORIS  
1015 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name  
**Boris Grinkot**  
Street Address (P.O. Box Number Is Not Acceptable)  
**818 W University Ave**  
**Suite 201**  
City  
**Gainesville** **FL** Zip Code  
**32601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

4/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVST  
ORDONEZ, ANDRE'  
1015 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GRINKOT, BORIS  
1015 W. UNIVERSITY AVE.  
GAINESVILLE, FL 32601** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**818 W University Ave  
Gainesville, FL 32601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**818 W University Ave  
Gainesville, FL 32601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

352-377-7194

Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # 0000073679

90134040

THIS FORM MIGHT BE  
A DUPLICATE FILING,  
BUT THE ORIGINAL CHECK  
NEVER CLEARED OUR  
BANK ACCOUNT.

THANK YOU