

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 023 ***150.00

DOCUMENT # P01000084766

1. Entity Name

Practical Periodicals, Inc.



DO NOT WRITE IN THIS SPACE

11041129

2. Principal Place of Business

9045 LaFontana Boulevard

3. Mailing Address

9045 LaFontana Boulevard

Suite, Apt. #, etc.

Suite C-5

Suite, Apt. #, etc.

Suite C-5

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1135799

Applied For

Not Applicable

Zip

33434

Country

U.S.A.

Zip

33434

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DeSalvo, Christopher

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

5540 Pacific Boulevard

Apartment 304

City

Boca Raton

-FL

Zip Code

33438

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/S/D
NAME DeSalvo, Robert
STREET ADDRESS 22317 Boulder Street
CITY-ST-ZIP Boca Raton, FL 33428

TITLE VP/T/D
NAME DeSalvo, Valiere
STREET ADDRESS 22317 Boulder Street
CITY-ST-ZIP Boca Raton, FL 33428

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

561-215-2855

CR2E034B (12/02)