

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90148 006 \*\*\*158.75

DOCUMENT # P01000085676 ✓

1. Entity Name

PUBLIX ADVERTISING INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1206 28<sup>th</sup> AVE EAST # D

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 626

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ELLENTON, FL

City & State

ELLENTON

FLORIDA

4. FEI Number

59-3752434

Applied For

Not Applicable

Zip

34222

Country

USA

Zip

34222

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN D. GOOD

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

1206 28<sup>th</sup> AVE EAST # D

City

ELLENTON

FL

Zip Code

34222

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

JOHN D. GOOD - REG. AGENT

04-24-02

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
BARBARA SISK  
1206 28<sup>th</sup> AVE EAST # D  
ELLENTON, FL 34222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY & TREASURER  
JOHN D. GOOD  
1206 28<sup>th</sup> AVE EAST # D  
ELLENTON, FL 34222

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**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 another like empowered.

SIGNATURE:

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

JOHN D. GOOD, SEC. & TREAS.

04-24-02

Date

941-721-0727

Daytime Phone #

CR2E034B (12/01)