

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000097104

FILED
Jan 17, 2002 8:00 AM
Secretary of State

Entity Name: POHL PUBLISHING, INC.

Current Principal Place of Business:

312 E. NINE MILE RD., STE. 11-409
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

312 E. NINE MILE RD., STE. 11-409
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3753511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA E
312 E. NINE MILE RD., STE. 11-409
PENSACOLA, FL 32514

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PUETZ, BELINDA E
Address: 312 E. NINE MILE RD., STE. 11-409
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: PUETZ, BELINDA E
Address: 312 E. NINE MILE RD., STE. 11-409
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA E. PUETZ

DR.

01/17/2002

Electronic Signature of Signing Officer or Director

_____ Date