

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90068 011 \*\*\*150.00

**DOCUMENT #** P01000105592  
1. Entity Name  
Palm Beach Book Distribution Inc.

**DO NOT WRITE IN THIS SPACE**

656240

2. Principal Place of Business  
2161 Palm Beach Lakes Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

#407  
City & State  
West Palm Beach, Florida  
Zip Country  
33409 Palm Beach

City & State  
Zip Country

4. FEI Number  
65-047-9804  
Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
James M. Tuthill  
Street Address (P.O. Box Number is Not Acceptable)  
2161 Palm Beach Lakes Blvd., #407

City, State, Zip Code  
West Palm Beach, FL 33409

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) ☐

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  
PD  
James M. Tuthill  
2161 Palm Beach Lakes Blvd. #407  
West Palm Beach, FL 33409

TITLE  
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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 all other like empowered.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-25-02

561  
689

6655

CR2E034B (12/01)