

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90278 028 \*\*\*150.00

0115927 AV

**DOCUMENT # P01000110183**

1. Entity Name  
**INTERPUBLICATIONS, INC.**

Principal Place of Business

**390 NARRAGANSETT STREET NE  
 PALM BEACH FL 32907**

Mailing Address

**390 NARRAGANSETT STREET NE  
 PALM BEACH FL 32907**



2. Principal Place of Business

**390 NARRAGANSETT ST NE**

3. Mailing Address

**390 NARRAGANSETT ST NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM BEACH, FL**

City & State  
**PALM BEACH, FL**

4. FEI Number  
**59-1389235**

Applied For  
 Not Applicable

Zip  
**32907**

Country  
**FLORIDA**

Zip  
**32907**

Country  
**FLORIDA**

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

6. Name and Address of Current Registered Agent

**GALLAGHER, RONALD  
 390 NARRAGANSETT STREET NE  
 PALM BEACH FL 32907**

7. Name and Address of New Registered Agent

Name **GALLAGHER, RONALD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**390 NARRAGANSETT ST. NE**  
 City **PALM BEACH** FL Zip Code **32907**

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 **Ronald Gallagher Pres.** *Ronald Gallagher* **4/14/02**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	<b>D</b> <input type="checkbox"/> Delete <b>GALLAGHER, RONALD 390 NARRAGANSETT STREET NE PALM BEACH FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALLAGHER, RONALD 390 NARRAGANSETT ST NE PALM BEACH, FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GALLAGHER, KATHLEEN 390 NARRAGANSETT ST. NE PALM BEACH, FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/UP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OLINSKI, LANCE 118 SAPPNIRE ST. SE PALM BEACH, FL 32909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empower'd.

SIGNATURE: *Ronald Gallagher Pres.* **4/14/02** **321-951-7626**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)