

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90135 049 \*\*\*150.00

**DOCUMENT # P01000110183**

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



Principal Place of Business

**390 NARRAGANSETT ST NE  
PALM BEACH FL 32907  
US**

Mailing Address

**390 NARRAGANSETT ST NE  
PALM BEACH FL 32907  
US**

**90021152**



2. Principal Place of Business

**390 Narragansett St NE  
Suite, Apt. #, etc.**

3. Mailing Address

**390 Narragansett St. NE  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Bay FL**

Zip  
**32907**

Country  
**USA**

City & State  
**Palm Bay FL**

Zip  
**32907**

Country  
**USA**

4. FEI Number  
**59-1389235**

Applied For  
Not Applicable

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

**390 Narragansett St. NE  
City Palm Bay 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald Gallagher*  
Signature, typed or printed name of registered agent and title if applicable.

*Ronald Gallagher*  
(NOTE: Registered Agent signature required when reinstating)

**1/13/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PD** ☐ Delete  
NAME **GALLAGHER, RONALD**  
STREET ADDRESS **390 NARRAGANSETT STREET NE**  
CITY-ST-ZIP **PALM BEACH FL 32907**

TITLE **STD** ☒ Delete  
NAME **GALLAGHER, KATHLEEN**  
STREET ADDRESS **390 NARRAGANSETT ST NE**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **DVP** ☐ Delete  
NAME **PLINSKI, LANCE**  
STREET ADDRESS **1118 SAPPHIRE ST SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/S/D** ☒ Change ☐ Addition  
NAME **Gallagher, Ronald**  
STREET ADDRESS **390 Narragansett St. NE**  
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP/D** ☒ Change ☐ Addition  
NAME **Olinski, Lance A.**  
STREET ADDRESS **1118 Sapphire St. SE**  
CITY-ST-ZIP **Palm Bay, FL 32909**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*Lance A. Olinski* **1/14/03** **(321)**  
**951-7626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)