

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

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 030 ***150.00

DOCUMENT # P02D000079906

1. Entity Name

THE WEEKLY PAPER, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 SARNO RD

3. Mailing Address

1801 SARNO RD.

Suite, Apt. #, etc.

STE: 4-C

Suite, Apt. #, etc.

STE: 4-C

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE FL

City & State

MELBOURNE, FL

4. FEI Number

13-4220715

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

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 GARY MARTIN

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

1801 SARNO RD

STE: 4-C

City

MELBOURNE

FL

Zip Code
32935

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT / DIRECTOR
NAME GARY MARTIN
STREET ADDRESS 1801 SARNO RD, STE: 4-C
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/03

321/255-9797 EXT 226

CR2E034B (12/02)