



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

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05-05-2003 91767 036 \*\*\*150.00

<b>DOCUMENT # P02000092502</b>					
1. Entity Name <b>THE FLAGLER ADVERTISER INCORPORATED</b>					
Principal Place of Business 1632 SOUTH DAYTONA AVENUE FLAGLER BEACH FL 32136		Mailing Address 1632 SOUTH DAYTONA AVENUE FLAGLER BEACH FL 32136		<b>55046342</b>  	
2. Principal Place of Business <i>36 Westworth Lane</i>		3. Mailing Address <i>36 Westworth Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Palm Coast FL</i>		City & State <i>Palm Coast FL</i>		4. FEI Number <i>371440257</i>	
Zip <i>32164</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FRASER, MARGARET M</b> 1632 SOUTH DAYTONA AVENUE FLAGLER BEACH FL 32136				7. Name and Address of New Registered Agent Name <i>Margaret M Fraser</i> Street Address (P.O. Box Number is Not Acceptable) <i>36 Westworth Lane</i> City <i>Palm Coast</i> FL Zip Code <i>32164</i>	
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 <i>Margaret M Fraser</i> DATE <i>03-31-03</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MARGARET FRASER</i> <input type="checkbox"/> Delete <i>36 Westworth Lane</i> <i>Palm Coast, Florida 32164</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Larry Sadella</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>9 Berkman Lane</i> <i>Palm Coast, Florida</i> <i>VICE-PRESIDENT 32137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margaret M Fraser</i>				04-30-03 386 4453114 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (10/02)