

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P17321

1. Entity Name
UNITED ADVERTISING PUBLICATIONS, INC.



Principal Place of Business

**100 W PLUME ST
NORFOLK, VA 23510**

Mailing Address

**100 W PLUME ST
SUITE 400
NORFOLK, VA 23510**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
91-1189732

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000381951
01/11/06-80076-009 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PC |
| NAME | REID, BRITTON A |
| STREET ADDRESS | 100 W PLUME ST |
| CITY-ST-ZIP | NORFOLK, VA 23510 |
| TITLE | VD |
| NAME | HALL, CONRAD M |
| STREET ADDRESS | 100 W PLUME STREET |
| CITY-ST-ZIP | NORFOLK, VA 23510 |
| TITLE | VSD |
| NAME | HOFFMAN, NORMAN |
| STREET ADDRESS | 100 W PLUME ST |
| CITY-ST-ZIP | NORFOLK, VA 23510 |
| TITLE | EV |
| NAME | ROSS, JACK |
| STREET ADDRESS | 100 W PLUME ST |
| CITY-ST-ZIP | NORFOLK, VA 23510 |
| TITLE | V |
| NAME | CHERRY, CATHERINE B |
| STREET ADDRESS | 100 W PLUME STREET |
| CITY-ST-ZIP | NORFOLK, VA 23510 |
| TITLE | TS |
| NAME | ASKEW, MICHAEL E |
| STREET ADDRESS | 100 W PLUME STREET |
| CITY-ST-ZIP | NORFOLK, VA 23510 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

MICHAEL E ASKEW

1/6/06

757 640 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #