

2002 UNIFORM BUSINESS REPORT (UBR)

06323220 SP

DOCUMENT # **P34785**

1. Entity Name
BLACK'S GUIDE, INC.

FILED

02 DEC -3 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**444 N FREDRICK AVE STE 240
GAITHERSBURG MD 20877**

Mailing Address

**444 N FREDRICK AVE STE 240
GAITHERSBURG MD 20877**

2. Principal Place of Business

3. Mailing Address

c/o NETWORK COMMUNICATIONS, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P O BOX 100001

City & State

City & State
LAWRENCEVILLE, GA 30046

4. FEI Number

52-1579080

Applied For

Not Applicable

Zip

Country

Zip

Country

30046

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **PCEO**
STREET ADDRESS **DESIMONE, MICHAEL A**
CITY-ST-ZIP **444 N FREDRICK AVE STE 240
GAITHERSBURG MD 20877**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MENZIES, DONALD P**
CITY-ST-ZIP **7704 BLAIR RD STE 101
TAKOMA PK MD 20912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PCEO**
STREET ADDRESS **MCCARTHY, DANIEL R.**
CITY-ST-ZIP **4 Saddle Ridge Rd.
Pound Ridge, NY 10576**

TITLE ☒ Change ☐ Addition
NAME **VP, Dir.**
STREET ADDRESS **MCINNIS, ROB**
CITY-ST-ZIP **30 Oxbow Circle
North Andover, MA 01845**

TITLE ☒ Change ☐ Addition
NAME **VP, Sect.**
STREET ADDRESS **BRUCATO, CHARLES J. III**
CITY-ST-ZIP **65 Chelsea St. Unit 307
Charleston, MA 02129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100008819781
11/06/02--01035--011 **550.00

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

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

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 empowered.

SIGNATURE:

SIGNATURE OF Daniel R. McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-962-7220

CR2E034 (9/01)