## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Sep 17, 2002 8:00 am Secretary of State P93000038224 DOCUMENT # 1. Entity Name 09-17-2002 90109 044 \*\*\*550.00 ROURKE PUBLISHING GROUP, INC. 30. 主。16. 3F 被副部的上 CLAYER F PERIODS Principal Place of Business Mailing Address 1701 HIGHWAY A1A. SUITE 300 1701 HIGHWAY A1A, SUITE 300 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1386657 Not Applicable /Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent يعتين درجان COLANDREA, A. JAMES Street Address (P.O. Box Number is Not Acceptable) 1701 HIGHWAY A1A, SUITE 300 VERO BEACH FL 32963 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Forting Contract **9.** This corporation is eligible to satisfy its Intangible 136 Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September, 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State <u>त्रेर स्थल लहान्य अर्थन सम्बद्ध</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** TITLE Delete TITLE ☐ Change ☐ Addition COLANDREA, A. JAMES NAME NAME 1701 HIGHWAY A1A, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 both like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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