

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90067 031 ***150.00

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

DOCUMENT # **P93000058959**

1. Entity Name

The Southwest Volusia Reporter Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2261 Henry Ln

Suite, Apt. #, etc.

3. Mailing Address

PO Box 390128

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

59-3197720

Applied For

Not Applicable

Zip

32738

Country

USA

Zip

32739

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Elaine Thompson

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

2261 Henry Ln

City

Deltona

FL

Zip Code

32738

**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.

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PST
NAME	ELAINE THOMPSON
STREET ADDRESS	2261 HENRY LN
CITY-ST-ZIP	DELTONA FL 32738
TITLE	VP
NAME	MARK THOMPSON
STREET ADDRESS	2811 BRIGHTON
CITY-ST-ZIP	DELTONA FL 32738
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE THOMPSON 4/22/02 5322225
Date Daytime Phone #

CR2E034B (12/01)