## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE:

## DOCUMENT # P93000061237 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name EISINGER PUBLICATIONS, INC. 04-19-2000 90101 022 \*\*\*150.00 Principal Place of Business Mailing Address 4274 CONGREVE PLACE 4274 CONGREVE PLACE SARASOTA FL 34241-6129 SARASOTA FL 34241-6129 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0433252 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EISINGER, LARRY Street Address (P.O. Box Number is Not Acceptable) 4274 CONGREVE PLACE SARASOTA FL 34241-6129 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE EISINGER, LARRY NAME NAME 4274 CONGREVE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241-6129 ☐ Addition Delete TITLE ☐ Change TITLE EISINGER, LARRY JR NAME NAME 4274 CONGREVE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241-6129 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE EISINGER, MAJ NAME NAME **4274 CONGREVE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241-6129 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE HELEEN, BONNIE NAME NAME 4274 CONGREVE PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34241-6129 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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