

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000051745**1. Entity Name  
FLAGSHIP PUBLISHING, INC.

## Principal Place of Business

13 7TH ST.

ST. AUGUSTINE BEACH  
320843878

FL

## Mailing Address

2113 CHESWICK LANE

MT PLEASANT  
29466

US

SC

## 2. Principal Place of Business

4800 AMELIA ISLAND PKWY

## 3. Mailing Address

Suite, Apt. #, etc.  
C-103

Suite, Apt. #, etc.

## City &amp; State

FERNANDINA BEACH

FL

## City &amp; State

Zip  
32034

Country

Zip

Country

## 4. FEI Number

52-1666049

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

EBERLING ROBERT A  
1400 OLD DIXIE HIGHWAY  
SUITE E  
ST AUGUSTINE  
32086

FL

US

## 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)

04/30/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WRIGHT SUSAN J	
STREET ADDRESS	2113 CHESWICK LANERD	
CITY-ST-ZIP	MT PLEASANT SC 29466	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN STEPHEN R	
STREET ADDRESS	1621 E LALA STREET	
CITY-ST-ZIP	MCCALL ID 83638	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT SUSAN J	
STREET ADDRESS	2113 CHESWICK LANE	
CITY-ST-ZIP	MT PLEASANT SC 29466	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN STEPHEN R	
STREET ADDRESS	1621 E LAKE STREET	
CITY-ST-ZIP	MCCALL ID 83638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Susan J. Wright

VP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)