

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90050 042 \*\*\*150.00

0469080 AV

**DOCUMENT # P94000051824**

1. Entity Name

**PROFESSIONAL PUBLICATIONS, INC.**

Principal Place of Business

**225 N FLORIDA AVE  
 LAKE LAND FL 33801-4901  
 US**

Mailing Address

**225 N FLORIDA AVE  
 LAKE LAND FL 33801-4901  
 US**

2. Principal Place of Business

**834 CUMBERLAND ST**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 25017**

Suite, Apt. #, etc.

City & State

**LAKE LAND FL**

City & State

**LAKE LAND FL**

Zip

**33801**

Country

Zip

**33802**

Country

4. FEI Number

**59-3290287**

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

**CRAVEN, WESLEY A  
 829 CUMBERLAND ST.  
 LAKE LAND FL 33801**

7. Name and Address of New Registered Agent

Name

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

**834 CUMBERLAND ST.**

City

**LAKE LAND**

**FL**

Zip Code

**33801**

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

*James Holloway* **JAMES HOLLOWAY Vice President**

**1-15-02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CRAVEN, WESLEY A</b>	
STREET ADDRESS	<b>834 CUMBERLAND ST.</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33801</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLOWAY, JAMES B.</b>	
STREET ADDRESS	<b>225 E EDGEWOOD DR #91</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES HOLLOWAY</b>	
STREET ADDRESS	<b>1100 OAKBROOK PARKWAY #13</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02**

Date

**863-802-5043**

Daytime Phone #

CP2E034 (9/01)