

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90080 003 ***150.00

DOCUMENT # P94000058085

1. Entity Name
TARGET PUBLICATIONS, INC.

Principal Place of Business 4707 140TH AVE NORTH 211 CLEARWATER FL 33762 US	Mailing Address PO BOX 6008 PALM HARBOR FL 34684-0608 US
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2. Principal Place of Business 3959 Mimosa PL	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor FL	City & State
Zip 34685	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**YOUNG, DOUGLAS
 3959 MIMOSA PL
 PALM HARBOR FL 34085**

4. FEI Number **59-3261249** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 DATE **1/15/01**

Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DOUGLAS M. 124 N. COVE DRIVE PONTE VEDRA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young Douglas M 3959 Mimosa PL Palm Harbor FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JOHNATHAN 124 N. COVE DRIVE PONTE VEDRA BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan Young 3908 Mullenhurst Dr. Palm Harbor FL 34685
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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: DATE **1/15/01** DAYTIME PHONE # **727-944-4287**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)