

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**

2. Principal Place of Business

3959 Mimosa PL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

4. FEI Number

59-3261249

Applied For

Not Applicable

Zip

Country

34685

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, DOUGLAS

3959 MIMOSA PL

PALM HARBOR FL 34085

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YOUNG, DOUGLAS M.**
CITY-ST-ZIP **124 N. COVE DRIVE
PONTE VEDRA BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Young Douglas M**
CITY-ST-ZIP **3959 Mimosa PL
Palm Harbor FL 34685**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YOUNG, JOHNATHAN**
CITY-ST-ZIP **124 N. COVE DRIVE
PONTE VEDRA BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Jonathan Young**
CITY-ST-ZIP **3908 Mullenhurst Dr.
Palm Harbor FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/15/01 727-944-4287

CR2E034 (10/00)