2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Jan 27, 2003 8:00 am		
DOCUMENT # P9400058085 1. Entity Name TARGET PUBLICATIONS, INC.						Secretary of State 01-27-2003 90147 041 ***150.00		
Principal Place of Business 3959 MIMOSA PLACE PALM HARBOR FL 34685 US			Mailing Address 36181 EAST LAKE RD STE 325 PALM HARBOR FL 34685 US					
2. Principal Place of Business 12620 - 3 Beach Blud # 102 Suite, Apt. #, etc.			3. Mailing Address 12620-3 Beach Blvd. #102 Suite, Apt. #, etc.		2	CHECK HERE IF MAKING CHANGES		
City & Star		FC .	City & State Jacksonville	FC		4. FEI Number 59-3261249 Applied For Not Applicable		
Zip. 32246	,	Country,	-Zip 32246	- Country USA	· <u>·</u>	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	×b. Name	and Address of Current	Hegistered Agent	Name	·/	7. Name and Address of New Registered Agent		
YOUNG, DOUGLAS					Street Address (P.O. Box Number is Not Acceptable)			
3959 MIMOSA PL PALM HARBOR FL 34085					-(3-11) / / // 3/ F			
PALM HA	KROK FL 3	4085 🛰				Wexford Hollow Rd E		
Jocksonville FL 32224								
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. I am familiar with, and accept the obligations of registered agent								
SIGNATURE Douglas loung 1/23/03								
SIGNATURE*	Signature, typed	or printed name of registered agent a		: Registered Agent signa	ature required			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
	k Payable to	Florida Department of				Added to 1 des		
10.	D	OFFICERS AND		11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	_	OUGLAS M.	☐ Delete	i title Name	You	ing Douglas Millow Rd E. Whange Addition		
STREET ADDRESS	3959 MIM	OSA PLACE		STREET ADDRESS	367	FC 32224		
CITY-ST-ZIP	PALM HA	RBOR FL 34685		CITY-ST-ZIP				
TITLE	D	A. M. (☐ Delete	TITLE	Your	g Jonathan D Grok E. Change Addition		
NAME STREET ADDRESS		OHNATHAN LENHURST DRIVE		NAME STREET ADDRESS	3863			
CITY-ST-ZIP		RBOR FL 34685	e e e e	CITY-ST-ZIP	Jax	FC 32224		
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition		
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS				
TITLE			Прин	CITY-ST-ZIP				
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CITY-ST-ZIP	, .			CITY-ST-ZIP	L			
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CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition		
NAME		,	••	NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
12. I hereby c	ertify that the	information supplied with	this filing does not qualify for	he exemption sta	ted in Sec	ction 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 10 or Block 11 if changed, or on an attachment with an address, with all the more provided than the more provided to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the more provided to the corporation 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 10 or Block 11 if changed, or on an attachment with an address, with all the more provided to the corporation of the receiver or trustee empowered.								

904-613-5325 Daytime Phone #