

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088941

1. Entity Name

SUREMATH PUBLISHING, INC.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91283 036 \*\*\*150.00

Principal Place of Business

15500 FIDDLESTICKS BLVD.  
FT. MYERS FL 33912

Mailing Address

15500 FIDDLESTICKS BLVD.  
FT. MYERS FL 33912

2. Principal Place of Business

1737 Bent Tree Circle

3. Mailing Address

1737 Bent Tree Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33902

Country

USA

Zip

33907

Country

USA

4. FEI Number 65-0552421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, SHARON  
15500 FIDDLESTICKS BLVD.  
FT. MYERS FL 33912

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)

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 PD  
NAME MCALLISTER, SHARON  
STREET ADDRESS 15500 FIDDLESTICKS BLVD  
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE VD  
NAME MCALLISTER, HOWARD  
STREET ADDRESS 1737 BENT TREE CIR.  
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE VD  
NAME MCALLISTER, PAMELA  
STREET ADDRESS 723 NW 105TH ST  
CITY-ST-ZIP SEATTLE WA 98133 ☐ Delete

TITLE STD  
NAME MCALLISTER, LOIS  
STREET ADDRESS 1737 BENT TREE CIR.  
CITY-ST-ZIP FT.MYERS FL 33907 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 #

CR2E034 (10/00)