

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90147 015 ***150.00

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AV

DOCUMENT # P94000088941

1. Entity Name
SUREMATH PUBLISHING, INC.



Principal Place of Business
**1900 VIRGINIA AVE
STE 101
FORT MYERS FL 33901-3332**

Mailing Address
**1900 VIRGINIA AVE
STE 101
FORT MYERS FL 33901-3332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0552421**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

1920 Virginia Ave #1103

City

Fort Myers

FL

Zip Code

33901

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 *Sharon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCALLISTER, SHARON	
STREET ADDRESS	15500 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCALLISTER, HOWARD	
STREET ADDRESS	1737 BENT TREE CIR.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCALLISTER, PAMELA	
STREET ADDRESS	723 NW 105TH ST	
CITY-ST-ZIP	SEATTLE WA 98133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCALLISTER, LOIS	
STREET ADDRESS	1737 BENT TREE CIR.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1920 Virginia Ave #1103	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1900 Virginia Ave # 101	
CITY-ST-ZIP	FL Myers FL 33901	
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		
STREET ADDRESS	1900 Virginia Ave # 101	
CITY-ST-ZIP	Fort Myers FL 33901	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 **239-768-5396**

Date

Daytime Phone #

CR2E034 (10/02)