

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90063 040 ***150.00

DOCUMENT # P95000001771

1. Entity Name

RESPONDER PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

3030 N. ROCKY PT. DR. W.
PIONT CENTRE. STE. 530
TAMPA FL 33634P.O. BOX 261896
TAMPA FL 33685-1896
US

A0058001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3030 N. Rocky Point Dr. W

P.O. Box 261896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Rocky Point Centre - St 530

City & State
Tampa FloridaCity & State
Tampa Florida

4. FEI Number 59-3299150

Applied For
Not ApplicableZip
33607Country
USZip
33685Country
US5. 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

Name (as shown to left)
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

SANDBORN, MARILYN D
201 E KENNEDY BLVD SUITE 1000
TAMPA FL 33602

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
CEOP
BRAMLETTE, MARSHALL PAMEL
7002 PELICAN ISLAND DR
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(as is - no changes) ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
BRAMLETTE, DENIS M
7002 PELICAN ISLAND DR
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(as is - no changes) ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

4/21/00 813-288-8731