2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037185

1. Entity Name

CENTRAL FLORIDA DIRECTORY PUBLICATIONS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90069 022 ***150.00

Principal Place of Business	Mailing Address
832 N.W. 30TH AVENUE 200 OCALA FL 34475 US	832 N.W. 30TH AVENUE 200 OCALA FL 34475-5691 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11012 SW 58th Ave. Rd	11012 SW 58th Ave Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34476 Country: U.S.A.	Zip: 34476 Country: U.S.A.

4. FEI Number 59-3317285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLSON, CECELIA A
111012 S.W. 58TH AVE. RD.
OCALA FL 34476

7. Name and Address of New Registered Agent

Name: Colson, Cecelia A.
Street Address (P.O. Box Number is Not Acceptable): 11012 SW 58th Ave Rd
City: Ocala **FL** Zip Code: 34476

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: Cecelia A. Colson — DATE: 1/21/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

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 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	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLSON, CECELIA A		NAME		
STREET ADDRESS	11012 S.W. 58TH AVE. RD.		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34476		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Cecelia A. Colson — 1/21/2000 — (352) 861-6368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #