

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State
 02-19-2000 90028 010 ***150.00

DOCUMENT # P96000038035

1. Entity Name

RONTON PUBLISHING, INC.

Principal Place of Business

Mailing Address

1367 LYONS ROAD
 COCONUT CREEK FL 33063
 US

1367 LYONS ROAD
 COCONUT CREEK FL 33063-3908
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2292786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

SHEEHY, FRANCES D
1367 LYONS ROAD
COCONUT CREEK FL 33063

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
JENKINS, CAROL
9779 TIGER LILLY PAD, #2B
LAUREL MD 33023 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CAROL A CLARKE ☒ Change ☒ Addition
9237 FAIRLANE PLACE
LAUREL, MARYLAND 20708

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
COFFIE, CALTON
11860 TARA
PLANTATION FL 33323 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CALTON COFFIE ☒ Change ☐ Addition
PO Box 550487
FT. LAUDERDALE, FL 33355

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
COFFIE, SHARON
11860 TARA
PLANTATION FL 33323 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SHARON COFFIE ☒ Change ☐ Addition
PO Box 550487
FT. LAUDERDALE, FL 33355

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 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:

Sharon Coffie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #