

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059200

Name
E PUBLICATIONS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90080 020 ***150.00

1. Place of Business 77 BLVD. FL 34786	2. Mailing Address 9088 WOODBREEZE BLVD. WINDERMERE FL 34786-8822
--	---

00015081



DO NOT WRITE IN THIS SPACE

3. Mailing Address	4. FEI Number 59-3391744
5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUKEN, MATTHEW J 9088 WOODBREEZE BLVD. WINDERMERE FL 34786	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. State	City & State
Country	Zip

I, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CEO LUKEN, MATTHEW J 9088 WOODBREEZE BLVD. WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P LUKEN, ELENA T 9088 WOODBREEZE BLVD. WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Matthew J. Luken CEO 1/30/00 407-874-4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)