

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 021 ***150.00

DOCUMENT # P96000068932

1. Entity Name

Intuition Magazine, Inc

N/C filed 05-02-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 62nd Ave No #17
Suite, Apt. #, etc.

3. Mailing Address

4201 62nd Ave No #17
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park FL

City & State

Pinellas Park

4. FEI Number

59-3447516

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Robin D Hankins

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

425 51st Ave South

City

St Petersburg

FL

Zip Code

33705

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Robin D Hankins, President
NAME	Publisher
STREET ADDRESS	425 51st Ave South
CITY-ST-ZIP	St Petersburg FL 33705

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 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 #

CR2E034B (12/01)