FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P96000068932		05-29-2002 93593 021 ***150.00	
Intuition Magazine, Inc	N/C filed 1502-02		
DO NOT WRITE IN THI	SSPACE		
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 City & State	-	4. FEI Number	Applied For
Pinellas Park FI. Pinell	as Park Country	59-3447516	Not Applicable
33781 USA 33781	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Name	7. Name and Address of Current Registere	d Agent
DO NOTAVOITE Robin D Hankins		او بها دیده بیر کالت بایت سیعات د	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
IN THIS SPACE			
	学者の教育法、VIII、City	st Ave South	Zip Code
8. The above named entity submits this statement for the surgess of the	St Peto	ersburg FL	33705
The above named entity submits this statement for the purpose of cha	riging its registered office or registere	ed 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 go so.	ry 1 - May 1 Fee is \$150.00 er May 1 Fee is \$550.00	-10. Election Campaign Financing	\$5.00 May Be
· (See criteria on back)	mended UBR is \$61.25 k Payable to Department of State	Trust Fund Contribution	Added to Fees
11. OFFICERS AND DIRECTORS		essol Deservation of the reservation of the second	NEWS AND A CHARLES AND A
Robin D Hankins, Publis	ent IIII		
STREET ADDRESS 425 51st Ave South	STREET ADDRESS		2 1 2 2 2 2
CHY-SI-ZIP St Petersburg FL 3370	 Parting Attended November 2018 2018 2018 2018 		8
TITLE	TITLE 1990 (NA)		CRZE034B (12/01
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TITLE	CITY-ST-ZIP		
NAME	NAME:		
STREET ADDRESS C COLORNO ; COLORNO COL	STREET ADDRESS		
13. I hereby certify that the information supplied with the filling does not	CITY ST-ZIP		
13. I hereby certify that the information supplied with this filling does not quindicated on this report or supplemental report is true and accurate and of the corporation or the receiver of trustee empowered to execute this attachment with an address, with all other like africowered.	any for the exemption stated in Section that my signature shall have the sar	on 119.07(3)(i), Florida Statutes. I further certi ne legal effect as if made under oath; that I ar	fy that the information in an officer or director
attachment with an address, with all other like empowered to execute in	a redolled by cliable, po.	riorida statutes; and that my name appears	in Block 11 or on an
SIGNATURE: The Hal		5-13-02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	OFFICER OR DIRECTOR		time Phone #