## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000097771 **DOCUMENT #**

1. Entity Name

EMPLOYMENT PUBLICATIONS, INC.



Apr 21, 2003 8:00 am Secretary of State **FILED** 

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Principal Place of Business 2180 W FIRST ST 504 FT MYERS FL 33901 US		1832 CAPE US									
lace of Busine	SS	3. Maile	ing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 65-0711596 Applied For Not Applicable				
	Country	Zip	Zip Coun			5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. N	Name and Address of New Re	gistered A	gent		
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<b>THEODORE</b>					/D O D	• · · · · · · · · · · · · · · · · · · ·					
3417 SE 19TH AVE					Street Addres	SS (P.U. B	ox Number is Not Acceptable)				
	•		1		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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										May Be to Fees	
	ID DIRECTOR	DIRECTORS 11.			AD	DITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTORS	S IN 11		
3417 SE 19	TH AVE		□ Delete	NAME STREE	ET ADDRESS				Change	☐ Addition	
	, , , , , , , , , , , , , , , , , , ,		□ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
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		dh de 200	☐ Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP	0	ALO OTOVO Florido Como de la Como			Addition	
	6. Name a THEODORE 9TH AVE TAL FL 3390  named entity: ons of register May 1, 2003 Payable to I D HOBSON, T 3417 SE 19 CAPE COR/	Country  6. Name and Address of Curre THEODORE 9TH AVE RAL FL 33904  named entity submits this statement ons of registered agent.  Decreased or printed name of registered ag LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.0  Payable to Florida Department OFFICERS AN D HOBSON, THEODORE 3417 SE 19TH AVE CAPE CORAL FL 33904	ST CAPE 33901 US  lace of Business 3. Mail #, etc. Suite City Country Zip 6. Name and Address of Current Registere THEODORE 9TH AVE RAL FL 33904  named entity submits the statement for the purpons of registered agent.  Sunature typed or printed name of registered agent and the it appl LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTO D HOBSON, THEODORE 3417 SE 19TH AVE CAPE CORAL FL 33904	1832 SE 407H STREET CAPE CORAL FL 33904  Iace of Business  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  THEODORE 9TH AVE PAL FL 33904  Inamed entity submits this statement for the purpose of characteristics one of registered agent and file if applicable  (NOTE  DELE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTORS  DHOBSON, THEODORE 3417 SE 19TH AVE CAPE CORAL FL 33904  Delete  Delete  Delete	1832 SE 40TH STREET CAPE CORAL FL 33904  Iace of Business  3. Mailing Address #, etc.  City & State  Country  Zip  Country  Zip  Country  Country	182 SE 40TH STREET CAPE CORAL FL 33904  Bace of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  6. Name and Address of Current Registered Agent THEODORE 9TH AVE RAL FL 33904  City  City  named entity submits this statement for the purpose of charging its registered office or regions of registered Agent.  City  NAME Street Address OFFICERS AND DIRECTORS  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete	1832 SE 40TH STREET CAPE CORAL FL 33904  Islace of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  Country  Zip  Country  5. Country  5. Country  5. Country  5. Country  5. Country  5. Country  6. Name and Address of Current Registered Agent  THEODORE STH AVE BAL FL 33904  City  named entity submits this statement for the purpose of charding its registered office or registered agons of regist	1822 SE 40TH STREET CAPE CORAL FL 33904  18 Issue of Business  19, etc.  Suito, Apt. #, etc.  Country  Country	182 SE 40TH STREET CAPE CORAL FL 33904 US  33301 US  3. Mailing Address 3. Mailing Address 4. FEI Number 65-0711596 Country Zip Country Zip Country 3. Certificate of Status Coeived 5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1. Name 1.	1822 \$2 4 07H STREET CAPE CORAL FL 33904    Action	

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 peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with abother like empowered. **SIGNATURE:** 

Daytime Phone #