

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90037 004 \*\*\*150.00

DOCUMENT # P97000004401

1. Entity Name

Kurt Schleicher Advertising, Inc. ✓

Principal Place of Business

515 Bay St #100  
 Tampa FL 33606

Mailing Address

515 Bay St #100  
 Tampa FL 33606

769947

2. Principal Place of Business

135 E. Main Street

Suite, Apt. #, etc.

3. Mailing Address

135 E. Main Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BARTOW, FLORIDA

City & State

Bartow, Florida

4. FEI Number

59-3422828

Applied For

Not Applicable

Zip

33830

Country

POIK

Zip

33830

Country

POIK

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

Boyer, E. Jackson  
 501 East Kennedy Blvd, Suite 1700  
 Tampa, FL 33602

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, 2001 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 2001

TITLE	Director	<input type="checkbox"/> Delete
NAME	Schleicher, Kurt	
STREET ADDRESS	201 West Davis Blvd	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Schleicher, Diane	
STREET ADDRESS	201 West Davis Blvd	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schleicher, Kurt	
STREET ADDRESS	1010 S. Broadway	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schleicher, Diane	
STREET ADDRESS	1010 S. Broadway	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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:

Diane Schleicher Diane Schleicher Pres. 4/16/01 (863) 425-1145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #