

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90107 031 \*\*\*150.00

**DOCUMENT # P97000085470**

1. Entity Name

**ALTERNATIVE YELLOW PAGES, INC.**

Principal Place of Business

**PO BOX 7705  
 ST PETERSBURG FL 33734-7705**

Mailing Address

**PO BOX 7705  
 ST PETERSBURG FL 33734-7705**

2. Principal Place of Business

**38856 US HWY 19 NORTH**

3. Mailing Address

**687 ALDERMAN RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#228**

City & State

**TARAP SPRINGS FL**

City & State

**PALM HARBOR, FL**

Zip

**34689**

Country

**USA**

Zip

**34683**

Country

**USA**

4. FEI Number

**59-3482013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LIMMER, RICHARD F  
 10511 CASTLEFORD WAY  
 TAMPA FL 33626**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCDONALD, PAULA L</b>	
STREET ADDRESS	<b>PO BOX 7705</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33734-7705</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELLS, JAMES E</b>	
STREET ADDRESS	<b>PO BOX 7705</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33734-7705</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KROHN, JULIE A</b>	
STREET ADDRESS	<b>PO BOX 7705</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33734-7705</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, PAULA L.</b>	
STREET ADDRESS	<b>687 ALDERMAN RD. #228</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, JAMES E.</b>	
STREET ADDRESS	<b>687 ALDERMAN RD. #228</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROHN, JULIE A.</b>	
STREET ADDRESS	<b>687 ALDERMAN RD. #228</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
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		

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:

**Paula L. McDonald**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)