## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** May 24, 2002 8:00 am Secretary of State **DOCUMENT #** P97000087964 1. Entity Name TONHAUGH PUBLISHING, INC. 05-24-2002 91289 007 \*\*\*150.00 Principal Place of Business Mailing Address 2150 PRINCETON STREET 2150 PRINCETON STREET SARASOTA FL SARASOTA FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0788141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGHTON, RALSTON Street Address (P.O. Box Number is Not Acceptable) 2150 PRINCETON STREET SARASOTA FL City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME HAUGHTON, RALSTON NAME STREET ADDRESS 2150 PRINCETON STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAUGHTON, MARGARET NAME NAME STREET ADDRESS 2150 PRINCETON STREET STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-7IE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Margaret Haugh

Daytime Phone #