FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91799 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005705

1. Entity Name
THE PUBLISHING PLACE, INC.

11041713

Principal Place of Business	Mailing Address
7153 JAVA DRIVE SARASOTA, FL 34241 US	7153 JAVA DRIVE SARASOTA, FL 34241 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
7032 Brentford Rd Suite, Apt. #, etc.		7032 Brentford Rd Suite, Apt. #, etc.	
City & State: Sarasota FL		City & State: Sarasota FL	
Zip: 34241	Country: US	Zip: 34241	Country: US

4. FEI Number 65-0805481 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, KENNETH
3015 SILK OAK DRIVE
SARASOTA, FL 34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MELINDA A 3015 SILK OAK DRIVE SARASOTA, FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth Smith 7032 Brentford Rd Sarasota FL 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, KENNETH 3015 SILK OAK DRIVE SARASOTA, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kenneth Smith 4-29-03 941-377-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #