

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043081

1. Entity Name

INTERPUB, INC.

Principal Place of Business

Mailing Address

8913 REGENTS PARK DR  
STE 670  
TAMPA FL 33647

8913 REGENTS PARK DR  
STE 670  
TAMPA FL 33647

2. Principal Place of Business

5019 MILL POND ROAD

3. Mailing Address

5019 MILL POND ROAD

Suite, Apt. #, etc.

# 3125

Suite, Apt. #, etc.

# 3125

City & State

WESLEY CHAPEL FL

City & State

WESLEY CHAPEL FL

Zip

33543

Country

USA

Zip

33543

Country

USA

6. Name and Address of Current Registered Agent

GULLAN, LEN

4134 GULF OF MEXICO DR., STE. 302  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

GULLAN, LEN

Street Address (P.O. Box Number is Not Acceptable)

5019 MILL POND ROAD, # 3125

City

WESLEY CHAPEL

FL

Zip Code

33543

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 LEN GULLAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/01

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS GULLAN, LEN  
CITY-ST-ZIP 8913 REGENTS PARK DR STE 670  
TAMPA FL 33647

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GULLAN, LEN  
CITY-ST-ZIP 5019 MILL POND ROAD, # 3125  
WESLEY CHAPEL FL 33543

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LEN GULLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

Date

813.973-0975

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0515688

CR2E034 (10/00)