

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054618

1. Entity Name

CUSTOM PUBLICATIONS OF TAMPA BAY, INC.

APPROVED  
AND  
FILED

Pg. 1 of 2

00 SEP -7 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

420 WILDWOOD WAY  
BELLEAIR FL 33756

Mailing Address

420 WILDWOOD WAY  
BELLEAIR FL 33756

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1970874

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALVERSON, WILLIAM B  
420 WILDWOOD WAY  
BELLEAIR FL 33756

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 11

TITLE P  
NAME HALVERSON, WILLIAM B  
STREET ADDRESS 420 WILDWOOD WAY  
CITY-ST-ZIP BELLEAIR FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME HALVERSON, SARA  
STREET ADDRESS 420 WILDWOOD WAY  
CITY-ST-ZIP BELLEAIR FL 33756

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 any other like empowered.

SIGNATURE:

WILLIAM B. HALVERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 2000  
Date

460-8253  
Daytime Phone #

CR2E034 (5/00)

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Custom Publications of Tampa Bay, Inc.  
420 Wildwood Way Belleair, FL 33756

Michelle Milligan  
Document Specialist  
Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Sep 1, 00

Dear Ms. Milligan:

Thank you for your letter of August 14, 2000. Sorry if I caused any confusion in my first letter. It is true I did not receive the corporate annual report/uniform business report and therefore did not know about the filing date of May 1, 2000. Please accept my check for the annual fee of \$150.00.

Sincerely,



William B. Halverson  
Custom Publications of Tampa Bay, Inc.