## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P98000060045



Apr 03, 2003 8:00 am 5 Secretary of State

ARAS PUBLISHING, INC.							04-03-2003 90135 038 ****150.00			
Principal Place of Business 4811 HIGHGROVE RD TALLAHASSEE FL 32308			Mailing Address P O BOX 10094 TALLAHASSEE FL 32302				) 1881/1881; 118 (1810) 1810) 8810) 8810 8810 881	H <b>a e</b> ndi <b>ar</b> kh <b>ar</b> hili	<b>a (ea) a</b> hii 10 <b>4</b> 1	
2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	FEI Number         59-3525180         Applied For Not Applica		oplied For ot Applicable	
Zip	Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required		d		
6. Name and Address of Current Registered Agent					7_Name and Address of New Registered Agent					
					Name					
DUNBAR, 215 S MO	MARC INROE ST					Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32308										
<b>.</b>					City	_	F	Zip Cod	e	
8. The above of 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 the head of 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 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 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 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 the purpose of changing its registered office or registered agent.										
SIGNAT: RE										
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.	\$5.0 Added	May Be	
10.	··	OFFICERS AND	DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PSTD		☐ Delete	TITL	E			☐ Change	Addition	
NAME	DUNBAR,	SUSAN		NAM	E				}	
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NAME				· NAM						
STREET ADDRESS					ET ADDRESS - ST-7IP					

12. I hereby certify that the information supplied with this filling 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: