

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013078

1. Entity Name

TECHNICAL PUBLICATIONS MAILING LISTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90253 022 ***150.00

Principal Place of Business

11704 SUMMER MEADOW DRIVE
BRADENTON FL 34202

Mailing Address

11704 SUMMER MEADOW DRIVE
BRADENTON FL 34202-2071

2. Principal Place of Business

3. Mailing Address

Box 20419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON FL

4. FEI Number

3638740

Applied For

Not Applicable

Zip

Country

Zip

34204

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

MCNICHOLS, ROBERT A
11704 SUMMER MEADOW DRIVE
BRADENTON FL 34202

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 \$150.00
After MAY 1, 2000 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	ROBERT A. MCNICHOLS	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	11704 SUMMER MEADOW DR.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	PAT A. MCNICHOLS	<input type="checkbox"/> Delete
NAME	EXEC. V.P. SECRETARY TREASURER	
STREET ADDRESS	11704 SUMMER MEADOW DR.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	ELLEN SANDKAM	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	22815 LONG GROVE RD	
CITY-ST-ZIP	DEER PARK IL 60010	
TITLE	GREG SANDKAM	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	22815 LONG GROVE RD	
CITY-ST-ZIP	DEER PARK IL 60010	
TITLE	ROBERT J. MADEYA	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	11 B ADAMS COURT	
CITY-ST-ZIP	STREAMWOOD IL 60107	
TITLE	COLLEEN MADEYA	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	11 B ADAMS COURT	
CITY-ST-ZIP	STREAMWOOD IL 60107	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LINDA M. ZAHM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	1903 ALSUNA LANE	
CITY-ST-ZIP	HUNTINGTON BEACH CA. 92648	

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: *A. McNichols* R. McNichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 941 727 7722
Date Daytime Phone #