2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032972

1. Entity Name

City & State

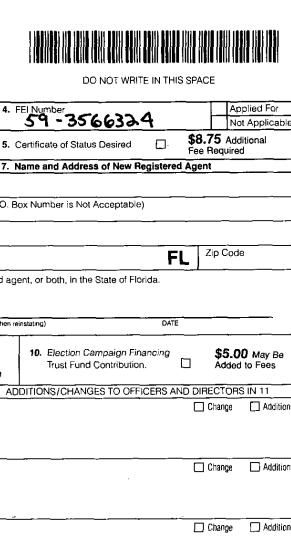
SCHOOL NEWSLETTER, INC.

Principal Place of Business Mailing Address 4325 AUSTON WAY 4325 AUSTON WAY PALM HARBOR FL 34685 PALM HARBOR FL 34685-4016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90016 026 ***150.00



SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Added to State Trust Fund Contribution. After MAY 1, 2000 Fee will be \$50.00 After MAY 1, 2000 Fee w		THOUTHPHOUBIE
SIKORA, WENDY 4325 AUSTON WAY PALM HARBOR FL 34685 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 Syntax, b, typed or pirrisor name of registered signs and tine if speciable. (NOTE Registered Agent signature recurred when reinstating) P. This corporation is eligible to satisfy its intangible Tark filter requirement and elects to do so. (NO Fee will be \$550.00 Make fam. 1, 2000 Fee w		
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A325 AUSTON WAY PALM HARBOR FL 34685 City City FL Zip Code FL		
And 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 Syndrum, typed or printed name of registered apert and table if applicable. NOTE: Registered Agent agrature required when reinstaticned? Part Histor requirement and effects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE MAKE SIKORA, WENDY SIRET ADDRESS OTY-ST-ZP PALM HARBOR FL 34685 Delete NAME SIRET ADDRESS OTY-ST-ZP TITLE	4325 AUSTON WAY	
B. 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 purised name of registered agent and title if applicable.	PALM HARBOR FL 34685	
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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: