## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000035283 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name P H & C PUBLISHING, INC. 04-24-2000 90296 020 \*\*\*150.00 Mailing Address Principal Place of Business 419 DUQUE ROAD 419 DUQUE ROAD LUTZ FL 33549 LUTZ FL 33549-5680 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3569975 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee.Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRICE, CLIFTON A JR Street Address (P.O. Box Number is Not Acceptable) 419 DUQUE RD **LUTZ FL 33549** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete PRICE, CLIFTON A JR NAME NAME **419 DUQUE ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Addition Change TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_\_ CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 empower

SIGNATURE: