

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000077665**

1. Entity Name

**INSIDE REPORTING PUBLICATIONS, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90034 046 \*\*\*150.00

Principal Place of Business

**3667 RUSTIC LANE  
JACKSONVILLE FL 32217**

Mailing Address

**3667 RUSTIC LANE  
JACKSONVILLE FL 32217-4674**

2. Principal Place of Business

**4241 Baymeadows Rd.**

3. Mailing Address

**4241 Baymeadows Rd.**

Suite, Apt. #, etc.

**Ste. 17**

Suite, Apt. #, etc.

**Ste. 17**

City &amp; State

**Jacksonville, FL**

City &amp; State

**Jacksonville, FL**

4. FEI Number

**59-3600317**

Applied For

Not Applicable

**32217**Country  
**USA****32217**Country  
**USA**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****KESSLER, PETER A  
3667 RUSTIC LANE  
JACKSONVILLE FL 32217**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Peter A. Kessler 3667 Rustic Lane Jacksonville, FL 32217			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

**SIGNATURE:**

Peter A. Kessler, President

January 05, 2000 903-733-8885

Date

Daytime Phone #

CR2E034 (9/99)