2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** P99000077845 1. Entity Name 04-11-2002 90037 001 ***150.00 F N PUBLISHING, INC. Principal Place of Business Mailing Address 9923 SAN SEBASTIAN WAY 9923 SAN SEBASTIAN WAY PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address O. Box Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE $\rho_{\cdot (0)}$ City & State 4. FEI Number Applied For 59-3597867 Not Applicable Country Country \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARE WOOD STEINHOFF, DAREWOOD M is Not Acceptable) Street Address (P.O. Box Number 9923 SAN SEBASTIAN WAY PORT RICHEY FL 34668-3559 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE ☐ Addition Delete NAME NAME STEINHOFF, DAREWOOD M P.n. Box 263 STREET ADDRESS STREET ADDRESS 9923 SAN SEBASTIAN WAY CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, PL PORT RICHEY FL 34668 TITLE ☐ Delete TITLE NAME NAME CAROLAN, KEVIN M P.O. BOX 263 STREET ADDRESS STREET ADDRESS 9923 SAN SEBASTIAN WAY CITY-ST-ZIP CITY-ST-ZIP **PORT RICHEY FL 34668** Dalete NAME Carolan, Michelle NAME PO. BUX 263 STREET ADDRESS STREET ADDRESS 9923 SAN SEBASTIAN WAY PORT Richey, FL 34673-0263 CITY-ST-ZIP CITY-ST-7IP PORT RICHEY FL 34668 TITLE Delete TITI F NAME NAME STEINHOFF, JANET P.O. BOX 263 STREET ADDRESS STREET ADDRESS 9923 SAN SEBASTIAN WAY PORT Richey, FL 34673-0263 CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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