

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90518 046 ***150.00

DOCUMENT # P99000077845

1. Entity Name
F N PUBLISHING, INC.



Principal Place of Business
**P.O. BOX 263
PORT RICHEY FL 34673-0263**

Mailing Address
**P.O. BOX 263
PORT RICHEY FL 34673-0263**

11004105



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597867**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEINHOFF, DAREWOOD M
27202 CORAL SPRINGS DRIVE
ZEPHYRHILLS FL 33543**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darewood M Steinhoff* **DAREWOOD M Steinhoff (P) 4-16-03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEINHOFF, DAREWOOD M	
STREET ADDRESS	P.O. BOX 263	
CITY-ST-ZIP	PORT RICHEY FL 34673-0263	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAROLAN, KEVIN M	
STREET ADDRESS	P.O. BOX 263	
CITY-ST-ZIP	PORT RICHEY FL 34673-0263	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAROLAN, MICHELLE	
STREET ADDRESS	P.O. BOX 263	
CITY-ST-ZIP	PORT RICHEY FL 34673-0263	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEINHOFF, JANET	
STREET ADDRESS	P.O. BOX 263	
CITY-ST-ZIP	PORT RICHEY FL 34673-0263	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darewood M Steinhoff* **DAREWOOD M, 4/16/03 9278487100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)