## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered.

## FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **P99000084813** 1. Entity Name **ACTUAL PUBLISHING INC.** 04-09-2001 90063 034 \*\*\*150.00 Mailing Address Principal Place of Business 6021 NW 60TH AVE. 6021 NW 60TH AVE. C0043367 PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0984904 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERLIN, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 6021 NW 60TH AVE. PARKLAND FL 33067 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Se Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change TITLE X Delete Bover Thomas G BERLIN, JOSEPH S NAME NAME 1130 Sw 7th et STREET ADDRESS STREET ADDRESS 6021 NW 60TH AVE CITY-ST-ZIP CITY-ST-ZIP FTLAND, FL 33312 PARKLAND FL 33067 TITLE ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE' Dèlete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ 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 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

1Hachment DOC# P99000084813 C0043367

> Please call me if there is a problem with the paper obet Too Berlin My Name is Joseph Scott BERCIN IND I wish to Resign As the resident of Actual Publishing INC but I will CONTINUE to be the Regestered agent.