

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90263 041 \*\*\*150.00

**DOCUMENT # P99000105920**

**1. Entity Name**  
**DICK DAVIS NEWSLETTER, INC.**

Principal Place of Business	Mailing Address
3313 W COMMERCIAL BLVD #150 FORT LAUDERDALE FL 33309-3413	3313 W COMMERCIAL BLVD #150 FORT LAUDERDALE FL 33309-3413

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	<b>4. FEI Number</b> 65-0970436	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MARKLE &amp; MAGRI, P.A.</b> <b>5310 W. LAELLE ST.</b> <b>ATTN: JOE MAGRI</b> <b>TAMPA FL 33607</b>	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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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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 all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **DATE** 4/10/02 **DAYTIME PHONE #** 202-853-3564

CR2E034 (9/01)