

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11218

1. Entity Name

TODAY'S TRADE PUBLICATIONS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90032 012 ***150.00

Principal Place of Business

Mailing Address

112 W PINE AVE
LONGWOOD FL 32750
US

112 W PINE AVE
LONGWOOD FL 32750-4152
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

112 W. Pine Ave.
Suite, Apt. #, etc.
Longwood, FL

112 W. Pine Ave.
Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

4. FEI Number

76-0321780

Applied For

Not Applicable

Zip 32750

Country US

Zip 32750

Country US

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

WILLOCKS, NICHOLAS
680 DEVONSHIRE BLVD
LONGWOOD FL 32750

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	P	<input type="checkbox"/> Delete
NAME	WILLOCKS, NICHOLAS	
STREET ADDRESS	680 DEVONSHIRE BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK Willocks

Date

Daytime Phone #

CR2E034 (9/99)