

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90095 001 \*\*\*300.00

DOCUMENT # ~~57~~ 8811 ✓  
1. Entity Name  
**FLORIDA MEDIA SERVICES, INC.**

Principal Place of Business  
**1706 S KINGS AVE**  
**BRANDON, FL 33511-6216**

Mailing Address

2. Principal Place of Business  
**1706 S KINGS AVE**  
Suite, Apt. #, etc.  
  
City & State  
**BRANDON, FLORIDA**  
Zip  
**33511-6216**

3. Mailing Address  
  
  
City & State  
  
Zip  
Country

4. FEI Number  
**65-0285759**

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

6. Name and Address of Current Registered Agent  
**TOMPKINS, ELIZABETH P.**  
**1706 S KINGS AVE**  
**BRANDON, FL 33511-6216**

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.  
SIGNATURE *Elizabeth P. Tompkins* **04/30/2000**  
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. ☒ **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  

TITLE	PD <input type="checkbox"/> Delete
NAME	TOMPKINS, ELIZABETH P.
STREET ADDRESS	1706 S KINGS AVE
CITY-ST-ZIP	BRANDON, FL 33511-6216
TITLE	STILLIE, BARBARA VPD <input type="checkbox"/> Delete
NAME	106 MASON STREET
STREET ADDRESS	BRANDON, FL 33511
CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete
NAME	TOMPKINS, H. CHRISTOPHER II
STREET ADDRESS	1706 S KINGS AVE
CITY-ST-ZIP	BRANDON FL 33511-6216
TITLE	VPD <input type="checkbox"/> Delete
NAME	TOMPKINS, HOWARD C.
STREET ADDRESS	1706 S KINGS AVE
CITY-ST-ZIP	BRANDON, FL 33511-6216
TITLE	ST <input type="checkbox"/> Delete
NAME	STILLIE, DAVID
STREET ADDRESS	106 MASON STREET
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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	
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	

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: *Elizabeth P. Tompkins* **04/30/2000** **813-685-7564**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)