


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90625 001 ***450.00

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DOCUMENT # V13221	
1. Entity Name R.E.I. PUBLISHING, INC.	

Principal Place of Business 11590 SEMINOLE BLVD STE B-1 LARGO FL 33778	Mailing Address P.O. BOX 2742 LARGO FL 33779-2742
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2. Principal Place of Business 11509 SEMINOLE BLVD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State LARGO FL	City & State
Zip 33778	Country FLORIDA

4. FEI Number 59-3106889	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAVOLI, BARBARA A 11590 SEMINOLE BLVD STE B-1 LARGO FL 33778
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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 	<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAVOLI, BARBARA A		NAME	
STREET ADDRESS 11590 SEMINOLE BLVD		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33760		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URBINATI, LOUIS III		NAME	
STREET ADDRESS 11590 SEMINOLE BLVD		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33760		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	SIGNATURE REQUIRED	Date 4/21/03	Daytime Phone # 727/399-6268
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CR2E034 (10/02)