

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45283

1. Entity Name

PUBLISHERS SERVICES OF TAMPA BAY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90120 027 ***150.00

Principal Place of Business

Mailing Address

8130 W WATERS
STE 130
TAMPA FL 33615
US

8130 W WATERS
STE 130
TAMPA FL 33615-1821
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3129814

Applied For

Not Applicable

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

QUEEN, STEVEN M.
9620 FREDRICKSBURG RD.
TAMPA FL 33635

Name
Steve Queen

Street Address (P.O. Box Number is Not Acceptable)

8921 Promise Dr

City
Tampa

FL

Zip Code
33626

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
QUEEN, STEVEN M.
9620 FREDRICKSBURG RD.
TAMPA FL 33635 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Steve Queen
8921 Promise Dr
Tampa FL 33626 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WHYSEL, HARRY E.
8204 W. WATERS AVE.
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

(813) 886-7709

CR2E034 (9/99)