2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V45283 **DOCUMENT #**

1. Entity Name

PUBLISHERS SERVICES OF TAMPA BAY, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90189 046 ***150.00

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|---|-------------------------------------|--|----------------------|--|--------------|------------------|---------------|--|------------------------------------|--------------|-------------|-----------------------------|-----|
| Principal Place of Business 8130 W WATERS STE 130 TAMPA FL 33615 US 2. Principal Place of Business | | | | Mailing Address 8130 W WATERS STE 130 TAMPA FL 33615 US 3. Mailing Address | | | | | | | | | |
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| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | | City & State | | | | 4. F | FEI Number 59-3129814 | | | Applied For | _ |
| Zip Country | | | Zip | Zip Cour | | | | 5. 0 | Certificate of Status Desired | | 8.75 A | Not Applicable dditional | e |
| | 6. Name | and Address of Curre | ent Register | Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | red | ╝ |
| | | | - A Hogiston | va Agent | | Nome | | 7. N | name and Address of New Re | gistered A | gent | | _ |
| OHEEN | STEVEN M | | | | | Name | | | | | | | |
| QUEEN, STEVEN M. | | | | Stroot Addre | | | | VOC B- N- b- i N- b | | | | | |
| 8921 PR | OMISE DR | | | Street Addre | | | acress (P. | s (P.O. Box Number is Not Acceptable) | | | | | |
| TAMPA F | FL 33635 | | | | | | - | | | | | | _ |
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| the obliga | e named entity ations of registe | r subiriits triis statemen: ered agent. | t for the purp | oose of changing its | registere | ed office or | registered | d age | ent, or both, in the State of Flor | ida. I am fa | miliar with | , and accept | ゴ |
| • | | | | | | | | | | | | | |
| SIGNATURE | <u> </u> | | | | | | | | | | | | |
| | Signature, typed o | or printed name of registered ago | ent and title if app | plicable. (NOTE | : Registered | d Agent signatur | re required w | hen rein | nstatino) | DATE | | | - |
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| 10. | | OFFICERS AN | ID DIRECTO | RS | 11. | | | ADC | DITIONS/CHANGES TO OFFIC | ERS AND E | IDECTOR | OC IN 11 | 4 |
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I hereby certify that the information supplied with this filling 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 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

SIGNATURE:

MIX REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #