

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90065 018 \*\*\*150.00

**DOCUMENT # V67179**

1. Entity Name  
**ATTORNEY ADVERTISING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>6241 NW 23RD ST<br/>         3RD FL<br/>         GAINESVILLE FL 32653<br/>         US</b> | Mailing Address<br><b>P.O. BOX 5757<br/>         GAINESVILLE FL 32627<br/>         US</b> |
|---|---|

UUU15584



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 **NOT APPLICABLE** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAGEN, STEVEN A  
 6241 NW 23RD ST 3RD FL  
 GAINESVILLE FL 32653**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 |                             | <input type="checkbox"/> Delete |
|----------------------------|-----------------------------|---------------------------------|
| TITLE                      | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME                       | <b>BAGEN, STEVEN A</b>      |                                 |
| STREET ADDRESS             | <b>6241 NW 23RD ST</b>      |                                 |
| CITY-ST-ZIP                | <b>GAINESVILLE FL 32653</b> |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> Delete |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY-ST-ZIP                |                             |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 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 address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/1/2001** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)