

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 118527**

1. Entity Name

POSTAL COLONY COMPANY INC**FILED****Feb 28, 2000 8:00 am**
Secretary of State

02-28-2000 90019 038 ***150.00

Principal Place of Business

Mailing Address

**100A NORTH HIGHWAY 27
CLERMONT FL 34711****100A NORTH HIGHWAY 27
CLERMONT FL 34711-7760**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0407880

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**IRVIN BARWICK
VILLA CITY ROAD
GROVELAND FL 32736**

Name

Irvin Barwick

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

8511 Firestone Circle

City

Clermont**FL**

Zip Code

34711

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 State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BARWICK, IRVIN	VILLA CITY RD.	GROVELAND FL	<input type="checkbox"/>	PD	Irvin Barwick	8511 Firestone Circle	Clermont, Florida 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FRIEDEL, RONALD	3000 ISLAND BLVD., #2103	N MIAMI BCH., FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	BEDSOLE, MARY ANN	375 CATHERINE LN.	GROVELAND, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SEAVER, ROBERT O.	1210 7TH ST.	CLERMONT FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Mary Ann Bedsole Mary Ann Bedsole

2/1/00

352-429-2879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)