

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90288 029 ***150.00

DOCUMENT # 608756

1. Entity Name
THE MAIL ROOM, INC.

Principal Place of Business
2623 NW 74TH PLACE
GAINESVILLE FL 32606

Mailing Address
2623 NW 74TH PLACE
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1879219**

Applied For
 Not Applicable

Zip **32653**

Country

Zip **32653**

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

BROWN, THOMAS C.
2623 N W 74TH PLACE
GAINESVILLE FL 32606

Name

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

City

FL Zip Code **32653**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KATHERINE E.	
STREET ADDRESS	2623 N W 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS C	
STREET ADDRESS	2623 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRIATICO, LEANNE B	
STREET ADDRESS	2623 NW 74TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WHITTON, RHONDA	
STREET ADDRESS	2623 NW 74 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITTON, ANSLEY	
STREET ADDRESS	2623 NW 74TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRIATICO, JOSEPH	
STREET ADDRESS	2623 NW 74TH PL	
CITY-ST-ZIP	GAINESVILLE FL	

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
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)