

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90632 002 ****66.25

DOCUMENT # 707246

1. Entity Name

TAMPA LETTER CARRIERS, INC.



Principal Place of Business

**3003 CYPRESS STREET
TAMPA FL 33609-1617**

Mailing Address

**3003 CYPRESS STREET
TAMPA FL 33609-1617**

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 **59-1033678**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOOD, JAMES
5021 CARROLLWOOD MEADOWS DR.
TAMPA FL 33625**

Name **DOSAL, DUANE A.**

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

1816 W. BEARSS AVE

City **TAMPA**

FL

Zip Code
33613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROUSSEAU, MICHAEL**
STREET ADDRESS **1 OCTAVIA WAY**
CITY-ST-ZIP **SAFETY HARBOR FL 34695-5218**

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

TITLE **DT** ☒ Delete
NAME **GOOD, JAMES**
STREET ADDRESS **5021 CARROLLWOOD MEADOWS DR.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **DT** ☒ Change ☒ Addition
NAME **DOSAL, DUANE A.**
STREET ADDRESS **1816 W. BEARSS AVE.**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **CD** ☒ Delete
NAME **QUINTANILLA, FERNANDO**
STREET ADDRESS **4708 SHALE PLACE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **CD** ☒ Change ☒ Addition
NAME **PEREZ, LENIN**
STREET ADDRESS **3603 MALOA WAY**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DUANE A. DOSAL 4-14-03 (813) 390-4558

CR2E037 (10/02)