

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90008 024 ****61.25

DOCUMENT # 751326

1. Entity Name

POST SCRIPT, INC.

Principal Place of Business

Mailing Address

**3755 CHEROKEE VILLA LANE
 JACKSONVILLE FL 32217
 US**

**3755 CHEROKEE VILLA LANE
 JACKSONVILLE FL 32277-2008
 US**

AU11161



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

59-2020287

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

**WAXMAN, ROBERT
 3755 CHEROKEE VILLA LANE
 JACKSONVILLE FL 32211**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	RIGGIN, JUDY	
STREET ADDRESS	2001 C SOUTH WOODLEY	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENNINGS, WADE	
STREET ADDRESS	621 EAST CHARLES	
CITY-ST-ZIP	MUNCIE IN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAXMAN, ROBERT	
STREET ADDRESS	3755 CHEROKEE VILLA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUCHOVNAV, GERALD	
STREET ADDRESS	623 MINK DR	
CITY-ST-ZIP	GREENVILLE TX	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, RENWICK T	
STREET ADDRESS	3938 BRACELONA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TELOTTE, J. P.	
STREET ADDRESS	3780 W COOPER LK DR	
CITY-ST-ZIP	SMYRNA GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2405 Nemeth Ct.	
CITY-ST-ZIP	ALEXANDRIA VA 22306	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

(403) 886-5260

Date

Daytime Phone #

CR2E037 (9/99)