

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90208 043 ****61.25

DOCUMENT # 751324 ✓
 1. Entity Name
POST SCRIPT, Inc.

C0038611

Principal Place of Business Mailing Address
 (OLD) 3755 Cherokee Villa Lane
JACKSONVILLE FL 32217 US

2. Principal Place of Business 3. Mailing Address
623 MINK Drive 623 MINK Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.
Greenville Texas

City & State City & State
75402 Greenville Texas

Zip Country Zip Country
USA USA

4. FEI Number Applied For
59-2020287 Not Applicable

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

6. Name and Address of Current Registered Agent
Robert Waxman (Deceased)
3755 Cherokee Villa Lane
JACKSONVILLE FL

7. Name and Address of New Registered Agent
 Name DEDRA G. Torelli
 Street Address (P.O. Box Number is Not Acceptable)
1600 Bentin Drive S.
 City JACKSONVILLE BEACH FL Zip Code 32250

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 Dedra G. Torelli / DEDRA G. TORELLI 3/19/01
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	Riggin, Judy	
STREET ADDRESS	2405 Nemeth CT	
CITY-ST-ZIP	ALYANDRIA VA 22306	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Jennings, WADE	
STREET ADDRESS	621 East Charles	
CITY-ST-ZIP	MUNCIE IN 47305	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Waxman, Robert	
STREET ADDRESS	3755 Cherokee Villa Lane	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUCHOVNAY, GERALD	
STREET ADDRESS	623 MINK Drive	
CITY-ST-ZIP	Greenville TX 75402	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Nelson, RENWICK T	
STREET ADDRESS	3938 BARCELONA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Telotte, J. P.	
STREET ADDRESS	3780 W. Cooper Lk Dr	
CITY-ST-ZIP	SMYRNA GA 30080	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Torelli, Dedra	
STREET ADDRESS	1600 Bentin Dr. South	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3938 Barcelona Ave	
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: Gerald Duchovnay / GERALD DUCHOVNAY 3-15-01 (903) 450-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)