

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90203 035 ***150.00

US50134 AV

DOCUMENT # F00000003316

1. Entity Name

CURRENT MAIL, INC.

Principal Place of Business

**222 S. US HWY 1
SUITE 1
TEQUESTA FL 33469**

Mailing Address

**8711 SE SOMERSET ISLAND WAY
JUPITER FL 33458**

DUUUUJ00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

222 S. US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Tequesta FL

4. FEI Number

65-0996238

Applied For

Not Applicable

Zip

Country

Zip

Country

33469

Palm Beach

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

SMITH, ROBERTSON L

**8711 SE SOMERSET ISLAND WAY
JUPITER FL 33458**

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

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, 2002 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 **P** ☐ Delete
NAME **SMITH, ROBERTSON L**
STREET ADDRESS **8711 SE SOMERSET ISLAND WAY**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **V** ☒ Delete
NAME **OGDEN, JONATHAN**
STREET ADDRESS **222 US HWY 1, STE 215**
CITY-ST-ZIP **TEQUESTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

561 748-3500
Daytime Phone #

CR2E034 (9/01)