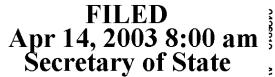
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # F0000003316  1. Entity Name CURRENT MAIL, INC.						Secretary of State 04-14-2003 90408 001 ***150.00							
Principal Place 222 S. US HW SUITE 1 TEQUESTA FL	VY 1	222 S Suite	ng Address 6. US HWY 1 E 1 JESTA FL 33469	•									
2. Principal Place of Business			3. Mailing Address				1 188118# 10	<b>                    </b>	8 <b>6</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BEN BENE I		81 JJULIU BALL 30	181
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
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Zip	Country	Zip		Country		<b>5</b> . Ce	rtificate of	Status Des	sired		<b>\$8.75</b> A Fee Requi		
	6. Name and Address of Current	Registere	ed Agent	- 1		7. Na	me and A	ddress of	New Regi	stered	Agent	'- '-	
SMITH, RO	OBERTSON L				ame Sm	1+1	<del></del>	ber	130	'n	L		
8711 SF 9	SOMERSET ISLAND WAY			) S	reet Address	(P.O. Box		S NOT ACCE					
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8. The above	named entity submits this statement for	or the purp	oose of changing its re	gistered of	ffice of registe	red agen	t, or both,	in the State	e of Florida	a. Iam	familiar wit	h, and acce	ept
<ul> <li>the obligat</li> </ul>	ions of registered agent.	•			hic 1		/_						
SIGNATURE .	Kobertson L. Smit Signature, typed or printed name of registered agent		olicable. (NOTE: F	Registered Age	nt signature require	ed when reins	tating)			DATE	4/9/0	3	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ion Campa Fund Cont	_			.00 May E led to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		ADDI	TIONS/CI	HANGES T	O OFFICE	RS AND	DIRECTO	RS IN 11	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP