FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91520 040 ***150.00

DOCUMENT # F00000006996

1. Entity Name
POST MANAGEMENT INC. of SARASOTA

DO NOT WRITE IN THIS SPACE

643560

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2. Principal Place of Business
2341 PORTER LAKE DR
Suite, Apt. #, etc.
STE 109
City & State
SARASOTA FL
Zip
34240-7834
Country
UNITED STATES

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
34-1737626
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name POST MURRAY
Street Address (P.O. Box Number is Not Acceptable)
2341 PORTER LAKE Dr. STE 109
City SARASOTA FL Zip Code 34240

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	POST, MURRAY
STREET ADDRESS	2341 PORTER LAKE Dr., STE109
CITY-ST-ZIP	SARASOTA FL 34240
TITLE	S
NAME	POST, SUSAN
STREET ADDRESS	2341 PORTER LAKE Dr., STE 109
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Murray Post MURRAY POST, President 4/18/02 (941)378-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #