

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90055 001 \*\*\*150.00  
 08-30-2000 90055 002 \*\*\*\*\*8.75

**DOCUMENT # F99000001910**

1. Entity Name  
**U.S. POSTCARD SYSTEMS, INC.**

Principal Place of Business 1156 NE CLEVELAND ST. CLEARWATER FL 33755	Mailing Address 1156 NE CLEVELAND ST. CLEARWATER FL 33755
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-3535409** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TROPF, P. D**  
**1156 NE CLEVELAND ST.**  
**CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TROPF, P. D 1156 NE CLEVELAND ST. CLEARWATER FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDEN, LAWRENCE 1156 NE CLEVELAND ST. CLEARWATER FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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]* **RESIDENT** Date: **25/2/00** Daytime Phone #: **727-442-4000**

CR2E034 (5/00)



Attachment doc #  
F99 00 000 1910 / 20133

U.S. POSTCARD SYSTEMS, INC.

1156 N.E. Cleveland Street • Clearwater, Florida 33755-4814  
Voice: 727.442.4000 • Fax: 727.441.1315 • Web: rsvponline.com

RSVP

CITY  
HOMEOWNER

August 24, 2000

RSVP  
Elite

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Regarding: **Uniform Business Report**

Dear Sir or Madam:

This is a new corporation which for some reason did not receive the initial UBR forms & therefore did not pay the required \$150 yearly fee.

I do not understand why we did not receive this form; but was informed by your office that I would be able to request a one time exemption from the \$440 late charge.

I appreciate your understanding & will endeavor to set up a failsafe way of paying this fee in advance in the coming years.

Sincerely,

P. David Trof  
President  
RSVP Publications, Inc.

"Direct Mail to the Upscale"