## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # H92715** 1. Entity Name RETAIL MAIL, INC. 04-30-2001 90425 025 \*\*\*150 00 Principal Place of Business Mailing Address 676 SUGARWOOD TRAIL 676 SUGARWOOD TRAIL VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2619467 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, DAVID E. Street Address (P.O. Box Number is Not Acceptable) 1355 BROOKSIDE DRIVE VENICE FL 34292 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE PD ☐ Delete TITLE JOHNSH, DIOVIDE. NAME JOHNSON, DAVID E. NAME STREET ADDRESS 676 SUGORWOOD TRUCK 1355 BROOKSIDE DR STREET ADDRESS CITY-ST-ZIP CEMICE, FC 34292 CITY-ST-ZIP VENICE FL Change ☐ Addition X Delete TITLE TITLE NAME JOHNSON, SANDRA C. NAME STREET ADDRESS STREET ADDRESS 1355 BROOKSIDE DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regalver of 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.