

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90041 048 ***150.00

DOCUMENT # H98900

1. Entity Name

CENTRAL FLORIDA BULK MAIL, INC.

Principal Place of Business

Mailing Address

174 B SEMORAN COMMERCE PL
#116
APOPKA FL 32703

174 B SEMORAN COMMERCE PL
#116
APOPKA FL 32703-4670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2664243

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIE, TERRY B.
174B SEMORAN COMMERCE PL
#116
APOPKA FL 32703

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BAIE, SUSAN A.
174 B. SEMBRAN COMMERCE-#116
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BAIE, TERRY B.
174 B SEMBRAN COMMERCE-#116
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BAIE, SUSAN A.
174 B SEMBRAN COMMERCE-#116
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MAIER, LISA M
6158 LINNEAL BEACH
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BAIE, STEVEN B.
1521 KENYLN DR
LONGWOOD FL 32779 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BETH ANE BATE
1521 KENYLN DR
LONGWOOD FL 32779 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PD~~
174 SEMORAN COMMERCE PL #116 ☒ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
174 SEMORAN COMMERCE PL #116B ☒ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
174 SEMORAN COMMERCE PL #116B ☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SUSAN A. BAIE, PRES 1-31-00 407/888