

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90115 046 \*\*\*150.00

**DOCUMENT # H98900**

1. Entity Name

CENTRAL FLORIDA BULK MAIL, INC.



Principal Place of Business

174 B SEMORAN COMMERCE PL

#116

APOPKA FL 32703

Mailing Address

174 B SEMORAN COMMERCE PL

#116

APOPKA FL 32703



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

174 SEMORAN COMMERCE

Suite, Apt. #, etc.

~~174 SEMORAN COMMERCE~~ #116B

City & State

3. Mailing Address

174 SEMORAN COMMERCE

Suite, Apt. #, etc.

#116B

City & State

4. FEI Number

59-2664243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAIE, TERRY B.

174B SEMORAN COMMERCE PL

#116

APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

174 SEMORAN COMMERCE #116B

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)