

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90083 017 ***150.00

DOCUMENT # J04006

1. Entity Name

MAIL MAKERS, INC.

Principal Place of Business

12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990
US

Mailing Address

12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

2740 SW MARTIN DOWNS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

258

City & State

PALM CITY FL

Zip

Country

34990

US

4. FEI Number 11-2658065

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

KNETGE, NANCY A.
12090 HARBOUR RIDGE BLVD
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

KNETGE-MIENIK, NANCY A.

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

2740 SW MARTIN DOWNS BLVD

#258

City

PALM CITY

FL

Zip Code

34990

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

Nancy A. Knetge-Mienik

1-26-01

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, 2001 Fee will be \$550.00
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
PST
KNETGE, NANCY A.
12090 HARBOUR RIDGE BLVD
PALM CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy A. Knetge-Mienik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-01

Date

Daytime Phone #

043/912

CR2E034 (10/00)