

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07369

1. Entity Name  
MAIL SORT, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90047 029 \*\*\*150.00

Principal Place of Business  
3347 S.W. 7TH STREET  
P.O. BOX 536  
OCALA FL 34478-0536  
US

Mailing Address  
3347 S.W. 7TH STREET  
P.O. BOX 536  
OCALA FL 34478-0536  
US



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |            |   |
|--------------------------------|---------|---------------------|---------|----------------------------------|------------|---|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    | 59-2861785 | Applied For   |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                  |            | Not Applicable  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |            | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip                            | Country | Zip                 | Country |                                  |            |   |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent     |  | 7. Name and Address of New Registered Agent                                    |  |
| AYRES, BENJAMIN H<br>445 NE 8 AVE<br>OCALA FL 34470 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICHOLS, CARMAN<br>3347 SW 7 STREET<br>OCALA FL <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICHOLS, SANDRA H<br>3347 SW 7 STREET<br>OCALA FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: CARMAN NICHOLS 2-b-01 (35a) 629-5150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)