

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 049 ***150.00

DOCUMENT # **K 44431**

1. Entity Name

mail master of Tallahassee, Inc

661867

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 Perkins St

Suite, Apt. #, etc.

3. Mailing Address

110 Perkins St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2913264

Applied For
Not Applicable

Zip

32301

Country

Zip

32301

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kevin M. Butler

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

110 Perkins St

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	P/D	TITLE	
NAME	Kevin M. Butler	NAME	
STREET ADDRESS	110 Perkins St	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE	VP/S/T/D	TITLE	
NAME	Raleigh C. Leonard	NAME	
STREET ADDRESS	110 Perkins St	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: **Raleigh C. Leonard** **Raleigh C. Leonard** **4/30/02** **224-6245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)