

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
 02-05-2000 90045 021 ***150.00

DOCUMENT # K95272

1. Entity Name

MAIL PROCESSING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~225 N FLORIDA AVE~~
~~LAKELAND FL 33815~~
~~US~~

933 N Lincoln Ave
Lakeland FL
33815

PO BOX 3933
LAKELAND FL 33802-3933
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

YELVINGTON, ROBERT
933 N LINCOLN AVE
LAKELAND FL 33801

Name

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

City

FL

Zip Code

4. FEI Number

59-2951736

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YELVINGTON, ROBERT 7201 CATHERINE DRIVE LAKELAND FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YELVINGTON, TERESA 7201 CATHERINE DRIVE LAKELAND FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YELVINGTON, TERESA 7201 CATHERINE DRIVE LAKELAND FL 33810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUBBARD, RICHARD 1602 LEHALL SQUARE N LAKELAND FL 33810	☐ 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 ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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:

Teresa L. Yelvington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/00
 Date

(863) 687-6945
 Daytime Phone #