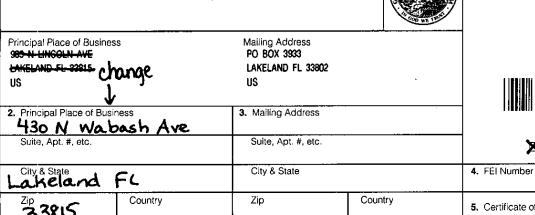
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## K95272 **DOCUMENT #**

1. Entity Name

MAIL PROCESSING ASSOCIATES, INC.



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

01-21-2003 90079 017 \*\*\*150.00

				<b>'</b>	
Principal Place of B 9 <del>85 N. LINGOLN AVI</del> <del>LAKELAND FL. 33811</del> US	<b>.</b>	Mailing Address PO BOX 3933 LAKELAND FL 33802 US			
2. Principal Place o	f Business labash Ave	3. Mailing Address			1811 81811 81811 81811 1881 1881
Suite, Apt. #, etc		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES
City & State Lakelan	d FL	City & State		4. FEI Number 59-2951736	Applied For Not Applicable
33815	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6.	Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered	Agent
YELVINGTON, 1 995 N-LINGOLI LAKELAND FL	ROBERT  NAME 430 N Wo	abash Ave 1 FL 33815	Street Addres	s (P.O. Box Number is Not Acceptable)	
-	-		City	FL	Zip Code
the obligations o	f registered agent.		:: Registered Agent signature requ	tered agent, or both, in the State of Florida. I am  ired when reinstating)  DATE	aniilai witi, and accept
After May Make Check Paya	IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department o	of State		9. Election Campaign Financing Trust Fund Contribution.	
STREET ADDRESS 702	OFFICERS AND VINGTON, ROBERT 2 CATHERINE DR ELAND FL 33810	D DIRECTORS  Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME PLESTREET ADDRESS 702	VINGTON, TERESA 2 CATHERINE DR ELAND FL 33810	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE STATE OF THE S	☐ Change ☐ Addition
STREET ADDRESS 702	VINGTON, TERESA 2 CATHERINE DR ELAND FL 33810	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Company on the company of the compan	Change Addition
TREET ADDRESS 1602	BBARD, RICHARD 2 LEHALL SQUARE N ELAND FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
ITLE IAME STREET ADDRESS STY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE IAME STREET ADDRESS: - EITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
	that the information supplied wit	h this filing does not qualify for		Section 119.07(3)(i), Florida Statutes, I further cer	tify 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: OLINIONAU