

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015621

1. Entity Name

MYMAILSHOP.COM, LLC

Principal Place of Business

Mailing Address

33920 U.S. HIGHWAY 19 NORTH, SUITE 269
PALM HARBOR FL 34684

33920 U.S. HIGHWAY 19 NORTH, SUITE 269
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064372

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, BRADLEY D
33920 U.S. HIGHWAY 19 NORTH, SUITE 269
PALM HARBOR FL 34684

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
President
Bradley D. Kent
STREET ADDRESS 33920 US HWY 19 N Sk 269
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE NAME ☐ Delete
EXA V.P.
JACK DAVIS
STREET ADDRESS 24222 VIA MADONNA
CITY-ST-ZIP Mission Viejo, CA 92692

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
President
Bradley D. Kent
STREET ADDRESS 33920 US HWY 19 N Sk 269
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE NAME ☐ Change ☒ Addition
EX V.P.
JACK DAVIS
STREET ADDRESS 24222 VIA MADONNA
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TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bradley D. Kent

6/28/01

Date

727-409-5005

Daytime Phone #

FILED

01 JUL -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE