

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90010 044 ****61.25

DOCUMENT # N94000001953

1. Entity Name

AMERICAN POSTAL WORKERS UNION, PENSACOLA AREA LOCAL, TITLE HOLDING CORPORATION

Principal Place of Business

Mailing Address

2121 N. I STREET
 PENSACOLA FL 32501
 US

PO BOX 17551
 PENSACOLA FL 32522

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, MICHEAL
 2121 N. I STREET
 PENSACOLA FL 32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **LEONARD, MICHEAL**
 STREET ADDRESS **7075 GLENDORA ST**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **LEONARD, MICHAEL** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **BOLLENBACHER, THOMAS**
 STREET ADDRESS **1315 BAYSHORE RD.**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **T** Change Addition
 NAME **BOLLENBACHER THOMAS**
 STREET ADDRESS **4190 APRIL RD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** Delete
 NAME **MYERS, SHARON**
 STREET ADDRESS **5608 TURKEY ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BILKISON, ROBBIE**
 STREET ADDRESS **6280 WINOWA DR**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **GILKISON, ROBBIE** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAKER, KENNETH**
 STREET ADDRESS **1324 E. GADSDEN ST.**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALI, VOLOME**
 STREET ADDRESS **1770 JACKS' BRANCH RD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **V** Change Addition
 NAME **ALI, VOLOME**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, 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: Micheal Leonard 9-6-02 850-433-8060

CR2E037 (4/02)