

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90125 024 ****61.25

DOCUMENT # N94000001953

1. Entity Name

**AMERICAN POSTAL WORKERS UNION, PENSACOLA AREA LO
CAL, TITLE HOLDING CORPORATION**



Principal Place of Business

**2121 N. I STREET
PENSACOLA FL 32501
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEONARD, MICHAEL
2121 N. I STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **T** ☐ Delete
NAME **BOLLENBACHER, THOMAS**
STREET ADDRESS **4190 APRIL RD**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D PADGETT, Billy**
STREET ADDRESS **4600 SIERRA DR**
CITY-ST-ZIP **PENSACOLA FL 32526-1778**

TITLE ☐ Change ☐ Addition
NAME
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 I am empowered.

SIGNATURE: *Thomas M. Bollenbacher* **THOMAS M. BOLLENBACHER** 31 JAN 2003 (850) 433-8080

CR2E037 (10/02)