

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90086 048 ***150.00

DOCUMENT # P00000111390

1. Entity Name

POSTAL POSSIBILITIES, INC.

Principal Place of Business

10807 AVENIDA SANTA ANA
BOCA RATON FL 33498

Mailing Address

10807 AVENIDA SANTA ANA
BOCA RATON FL 33498

00138131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3135 S. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

3135 S. FEDERAL HWY
Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number 65-1060304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S
4800 N. FEDERAL HWY STE 307B
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
D
ADAMS, TOMMY L
10807 AVENIDA SANTA ANA
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAMS, SHEILA
10807 AVENIDA SANTA ANA
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

9/9/02 561-302-4354

CR2034 (4/02)

9/9/02 Attachment
TO WHOM IT MAY CONCERN: # P00000111390

PLEASE NOTE MY CHANGE OF ADDRESS,
THE CORPORATION DID NOT RECEIVE ANY
PRIOR NOTICE, PROBABLY DUE TO THE ADDRESS
CHANGE. IF YOU WOULD CHANGE I WILL
MAKE SURE & GET IN EARLY NEXT YEAR.

ENCLOSED PLEASE FIND THE \$150.00. AS PER
FREQUENTLY ASKED QUESTIONS #8.

Thanks,

Tommy L. Adams

Tommy L. Adams

OFFICE 561-272-8037

CELL 561-302-4354