

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0391563 AV

DOCUMENT # P01000005832

1. Entity Name
POSTAL SHIP OUTLET, INC.



Principal Place of Business
6342 FOREST HILL BLVD.
GREEN ACRES FL 33915

Mailing Address
6342 FOREST HILL BLVD.
GREEN ACRES FL 33915



2. Principal Place of Business
6342 Forest Hill Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Green Acres FL

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip 33415 Country USA

Zip Country

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

GOLDMAN, GINNY L ESQ.
190 N.W. SPANISH RIVER BLVD., STE. 200
BOCA RATON FL 33431

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 obligation of registered agent.

SIGNATURE Robert T. Ference

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FERENCE, ROBERT T
STREET ADDRESS 13617 BRETON LANE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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: Robert T. Ference

Date

Daytime Phone #

4/21/03 561-357 9272

CR2E034 (10/02)