

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90211 003 \*\*\*150.00

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**DOCUMENT # P01000038597**

1. Entity Name

ALL ABOUT MAIL INC.



Principal Place of Business

967 CHERRY BRANCH CT  
HEATHROW FL 32746

Mailing Address

967 CHERRY BRANCH CT  
HEATHROW FL 32746

2. Principal Place of Business

1468 LANGHAM TERRACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 953174

Suite, Apt. #, etc.

City & State

HEATHROW

FLORIDA

City & State

LAKE MARY

FLORIDA

Zip

32746

Country

USA  
SEMINOLE

Zip

32795

Country

USA  
SEMINOLE

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

DOVE, ROBERT W

967 CHERRY BRANCH CT

HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

ROBERT W. DOVE

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

1468 LANGHAM TERRACE

City HEATHROW

FL

Zip Code

32746

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

4/29/03

**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

TITLE D ☐ Delete

NAME DOVE, ROBERT W  
STREET ADDRESS 967 CHERRY BRANCH CT  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☐ Delete

NAME DOVE, RENATA A  
STREET ADDRESS 967 CHERRY BRANCH CT  
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☐ 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  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

407923-8217

Daytime Phone #

CR2E034 (10/02)