

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90999 030 ***150.00

DOCUMENT # P01000040406

1. Entity Name
EASY MAIL OF TALLAHASSEE, INC.



Principal Place of Business
3813 NORTH MONROE ST
TALLAHASSEE FL 32303

Mailing Address
2402 HOME CT
TALLAHASSEE FL 32303



2. Principal Place of Business
3813 NORTH MONROE ST.

3. Mailing Address
3813 NORTH MONROE ST.

Suite, Apt. #, etc.
SUITE # 7

Suite, Apt. #, etc.
SUITE # 7

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32303

Country
USA

Zip
32303

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3713105

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TUCKER, RICHARD T
2402 HOME CT.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name **RICHARD T. TUCKER**
Street Address (P.O. Box Number is Not Acceptable)
116 E. THIRD AVE.
City **TALLAHASSEE** **FL** Zip Code **32303**

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 **3/21/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **TUCKER, RICHARD T**
CITY-ST-ZIP **2402 HOME COURT**
TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date **3/21/03** Daytime Phone #

CR2E034 (10/02)