FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # P01000089829 1. Entity Name 04-24-2002 90302 027 \*\*\*150 00 POSTMARK, INC. Principal Place of Business Mailing Address 420 US HWY, 1, VILLAGE SO, PLAZA, SUITE 15 420 US HWY, 1, VILLAGE SQ. PLAZA, SUITE 15 N. PALM BCH FL 33408 N. PALM BCH FL 33408 2. Principal Place of Business 3. Mailing Address am Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1139926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIGHT, LISA A Street Address (P.O. Box Number is Not Acceptable) 11716 51ST CT. NORTH **ROYAL PALM BCH FL 33411** Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax tiling requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME BRIGHT, BETTY E STREET ADDRESS STREET ADDRESS 11716 51ST CT. NORTH CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BCH FL 33411** TITLE ☐ Addition Delete TITLE NAME NAME VEATCH, JAMES G STREET ADDRESS STREET ADDRESS 11716 51ST CT. NORTH CITY-ST-ZIP CITY-ST-7IP ROYAL PALM BCH FL 33411 ☐ Change Addition Delete TITLE TITLE TD NAME NAME BRIGHT, LISA A STREET ADDRESS STREET ADDRESS 11716 51ST CT. NORTH CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: