

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90153 050 ***550.00

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DOCUMENT # P02000084993

1. Entity Name

POSTCARD ADVERTISING, INC.



Principal Place of Business

**16011 NORTH NEBRASKA AVENUE SUITE 102
LUTZ FL 33549**

Mailing Address

**16011 NORTH NEBRASKA AVENUE SUITE 102
LUTZ FL 33549**



2. Principal Place of Business

8504 ADAMO DRIVE

Suite, Apt. #, etc.

UNIT J

City & State

TAMPA, FLORIDA

Zip

33619

Country

USA

3. Mailing Address

P.O. Box 89154

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33689-0402

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

73-1659708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, CARL

**16011 NORTH NEBRASKA AVENUE SUITE 102
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

STORCH, CARL

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

8504 ADAMO DRIVE

UNIT J

City

TAMPA

FL

Zip Code

33619

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

Carl Storch

CARL STORCH

SEPT. 9 2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **STORCH, CARL**
STREET ADDRESS **16011 NORTH NEBRASKA AVENUE SUITE 102**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete
NAME **DISBROW, JOHN**
STREET ADDRESS **6807 ADAMO DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Delete
NAME **CLEMMONS, RALPH**
STREET ADDRESS **2500 OLD ALABAMA ROAD**
CITY-ST-ZIP **ROSWELL GA 30076**

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 **D** ☒ Change ☐ Addition
NAME **STORCH, CARL**
STREET ADDRESS **8504 ADAMO DRIVE, UNIT J**
CITY-ST-ZIP **TAMPA, FL. 33619**

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

TITLE ☐ Change ☐ Addition
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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:

Carl Storch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL STORCH

SEPT 9 2003 (813) 944-7419

Date

Daytime Phone #

CR2E034 (4/03)