

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056545

1. Entity Name
John J. Postal, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 12:13

Principal Place of Business Mailing Address

2. Principal Place of Business
1100 St. Lucie West Blvd. 3. Mailing Address
P.O. Box 880852

Suite, Apt. #, etc.
Suite 208

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FL
Zip 34986 Country USA
34988-0852

4. FEI Number -650525413	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

John J. Postal (Deceased 3-11-99)
1555 St. Lucie West Blvd., Suite 103
Port St. Lucie, FL 34986

7. Name and Address of New Registered Agent

Name Kevin Postal
Street Address (P.O. Box Number is Not Acceptable)
1100 St. Lucie West Blvd.
Suite 208
City Port St. Lucie FL Zip Code 34986

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 Kevin Postal

9-20-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director June P. Postal 590 NW Peacock Blvd, Port St. Lucie	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kevin Postal 590 NW Peacock Blvd. Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Patrick M. Postal 590 NW Peacock Blvd. Port St. Lucie, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004653939--2 --10/25/01--01070--028 ****300.00 ****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Do Not Delete the Directors Listed Above.)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2F034 (11/00)

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:  (Kevin Postal)

9-20-01 (561) 340-4096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #