

2000 UNIFORM BUSINESS REPORT (UBR)

FILED 091800

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070166**
1. Entity Name
MAIL IN BUSINESS PLUS INC.

Principal Place of Business Mailing Address (SAME)
**2620-2 BLANDING BLVD.
MIDDLEBURG, FL 32068**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CHARLES E. STRALEY
2620-2 BLANDING BLVD
MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent
Name **PAMELA J. BARRETT**
Street Address (P.O. Box Number is Not Acceptable) **4675 ROSEMARY STREET**
City **MIDDLEBURG** FL Zip Code **32068**

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 *Pamela J. Barrett* **PAMELA J. BARRETT - PRESIDENT** **9-8-00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE PRESIDENT <input checked="" type="checkbox"/> Delete	NAME CHARLES E STRALEY
STREET ADDRESS 2620-2 BLANDING BLVD	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Delete	NAME RUTH A STRALEY
STREET ADDRESS 2620-2 BLANDING BLVD	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE SECRETARY <input checked="" type="checkbox"/> Delete	NAME CHARLES E. STRALEY
STREET ADDRESS 2620-2 BLANDING BLVD	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE TREAS. <input checked="" type="checkbox"/> Delete	NAME CHARLES E. STRALEY
STREET ADDRESS 2620-2 BLANDING BLVD	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PAMELA J BARRETT
STREET ADDRESS 4675 ROSEMARY STREET	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SCOTT E. BARRETT
STREET ADDRESS 4675 ROSEMARY ST.	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PAMELA J BARRETT
STREET ADDRESS 4675 ROSEMARY ST	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PAMELA J. BARRETT
STREET ADDRESS 4675 ROSEMARY ST.	CITY-ST-ZIP MIDDLEBURG FL 32068
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 100003415571--2	CITY-ST-ZIP -10/05/00--01102--005
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS TS	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: *Pamela J. Barrett* **PAMELA J. BARRETT** **9-8-00** **(904)282-6612**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)