

# 2000 UNIFORM BUSINESS REPORT (UBR)

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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 <b>PRESIDENT</b> <input checked="" type="checkbox"/> Delete	NAME <b>CHARLES E STRALEY</b>
STREET ADDRESS <b>2620-2 BLANDING BLVD</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Delete	NAME <b>RUTH A STRALEY</b>
STREET ADDRESS <b>2620-2 BLANDING BLVD</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Delete	NAME <b>CHARLES E. STRALEY</b>
STREET ADDRESS <b>2620-2 BLANDING BLVD</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>TREAS.</b> <input checked="" type="checkbox"/> Delete	NAME <b>CHARLES E. STRALEY</b>
STREET ADDRESS <b>2620-2 BLANDING BLVD</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
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 <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PAMELA J BARRETT</b>
STREET ADDRESS <b>4675 ROSEMARY STREET</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>SCOTT E. BARRETT</b>
STREET ADDRESS <b>4675 ROSEMARY ST.</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PAMELA J BARRETT</b>
STREET ADDRESS <b>4675 ROSEMARY ST</b>	CITY-ST-ZIP <b>MIDDLEBURG, FL 32068</b>
TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PAMELA J. BARRETT</b>
STREET ADDRESS <b>4675 ROSEMARY ST.</b>	CITY-ST-ZIP <b>MIDDLEBURG FL 32068</b>
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>100003415571--2</b>	CITY-ST-ZIP <b>-10/05/00--01102--005</b>
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>TS</b>	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)