## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P95000034401. ACTION MAIL SERVICES, INC. 01-22-2001 90036 026 \*\*\*150.00 Principal Place of Business Mailing Address 102 DRENNEN RD 102 DRENNEN RD STE B-7 STF B-7 ORLANDO FL 32806 60007275 ORLANDO FL 32806 3. Mailing Address Premier Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3314661 Not Applicable 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 Darcia GARCIA, MARIO A ESQ. mber is Not Acceptable 225 E. ROBINSON STREET the only Changes were address updates thinkyon **SUITE 540** ORLANDO FL 32801 Zip Code **328**0 r both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) NS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND 11. ☐ Change ☐ Addition TITLE SCOTT, JEFF NAME STREET ADDRESS 5372 SHADYWOOD LANE CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE LOMBARDI, KENNETH NAME STREET ADDRESS 5372 SHADYWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE TITI F Delete-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 engagement.

SIGNATURE:

ATUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/01 407855927