

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90108 014 ***150.00

DOCUMENT # **P95000044869**

1. Entity Name

S+V MAIL BOXES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 WILLIAMS DR. SO.

Suite, Apt. #, etc.

3. Mailing Address

1201 WILLIAMS DR. SO.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL.

Zip

33705

Country

USA

City & State

ST. PETERSBURG, FL.

Zip

33705

Country

USA

4. FEI Number

59-3340433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

O'NEILL, JAMES W.

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

2120-32ND ST. SO.

City

GULFPORT

FL

Zip Code

33707

**DO NOT WRITE
IN THIS SPACE**

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

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES.
VICKI BIALOUS
1201 WILLIAMS DR. SO.
ST. PETERSBURG, FL. 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
STAN BIALOUS
1201 WILLIAMS DR. SO.
ST. PETERSBURG, FL. 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5
TODD BIALOUS
1201 WILLIAMS DR. SO.
ST. PETERSBURG, FL. 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stan Bialous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 727-867-7079
Date Daytime Phone #

CR2E034B (12/01)