

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047068

1. Entity Name  
**MAILMAN JOEY'S, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90402 010 \*\*\*150.00

Principal Place of Business  
**1270 N. WICKHAM ROAD  
SUITE 16  
MELBOURNE FL 32935  
US**

Mailing Address  
**1270 N. WICKHAM ROAD  
SUITE 16  
MELBOURNE FL 32935  
US**

2. Principal Place of Business  
**4100 N. Wickham Rd  
Unit 102  
Melbourne FL**

3. Mailing Address  
**4100 N. Wickham Rd  
Unit 102  
Melbourne FL**

Zip  
**32935** Country

Zip  
**32935** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0593175** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTAGNARO, MICHAEL  
2430 KINGDOM AVE  
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

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)

**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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTAGNARO, MIKE 2430 KINGDOM AVE MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, title or other like empowered.

SIGNATURE: *Mike Castagnaro* **Mike Castagnaro** 4-24-01 321-752-1053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)