

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0081509 AV

APPROVAL  
AND  
FILED

03-SEP-22 PM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P95000070593



1. Entity Name  
POSTAL CENTER IX INC.

Principal Place of Business  
1129 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411  
US

Mailing Address  
1129 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411  
US

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 65-0611146

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, HERBERT G.  
6434 TRAVIS ROAD  
WEST PALM BEACH FL 33406

Name AHERN, KEVIN M.

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

7349 CHESAPEAKE CIR.

City BOYNTON BEACH FL

Zip Code 33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kevin M Ahern*

7-403

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME AHERN, KEVIN M  
STREET ADDRESS 7349 CHESAPEAKE CIR  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500023520085  
10/02/03--01075--025 \*\*550.00

TITLE VS  
NAME AHERN, GAIL A  
STREET ADDRESS 7349 CHESAPEAKE CIR  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)