

AMENDED FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 195000079730
1. Entity Name
MAILBOX IMPRESSIONS, INC.

02 OCT 15 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700008436267
10/18/02--01002--012 **\$1.25

2. Principal Place of Business
17300 US 41 N.
Suite, Apt. #, etc.

3. Mailing Address
300 MEARS BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUZ FL

City & State
OLDSMAR FL

4. FEI Number
59-3357207

Applied For
Not Applicable

Zip
33549 Country
USA

Zip
34677 Country
USA

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

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7. Name and Address of Current Registered Agent

Name VIRGINIA SCHNEKENBURGER

Street Address (P.O. Box Number is not Acceptable)
300 MEARS BLVD

City OLDSMAR FL Zip Code 34677

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 Virginia Schneckenburg, President
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent Signature required when reinstating)

10-10-02
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
PRESIDENT & DIRECTOR
VIRGINIA SCHNEKENBURGER
300 MEARS BLVD
OLDSMAR FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY & DIRECTOR
WILLIAM A. EVANS
300 MEARS BLVD
OLDSMAR FL 34677

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 empowerments.

SIGNATURE: Virginia Schneckenburg, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-02 813-
Date Daytime Phone # 818-7100

V. SCHNEKENBURGER

10/15/02

CR2E034B (12/01)