

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90014 048 \*\*\*150.00

**DOCUMENT # P96000013676**

1. Entity Name  
**POSTCO CONSTRUCTION, INC.**

Principal Place of Business  
**3446 S.W. ARMELLINI AVE.  
PALM CITY FL 34991**

Mailing Address  
**P.O. BOX 518  
INDIANTOWN FL 34956**

2. Principal Place of Business  
**4320 S.W. Grove Street**

3. Mailing Address  
**Post Office Box 849**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm City, Florida**

City & State  
**Indiantown, Florida**

4. FEI Number  
**65-0639582**

Applied For  
Not Applicable

Zip Country  
**34990 Martin**

Zip Country  
**34956 Martin**

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

## 6. Name and Address of Current Registered Agent

**POST, ROBERT M JR  
16001 SW MARKET STREET  
INDIANTOWN FL 34956**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHWARZ, JAMES K. 4437 SW CHEROKEE ST PALM CITY FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ARMELLINI, RICHARD 2453 PROVENCE CIR WESTON FL 33327</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POST, ROBERT M. JR. 61 SE HARBOR POINT DR STUART FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Linda M. Post 16001 S.W. Market Street Indiantown, FL 34956</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Jeffrey S. Leslie 15925 S.W. Warfield Boulevard Indiantown, FL 34956</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

**SIGNATURE:**  **Jeffrey S. Leslie** 01/12/2002 (561)597-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer

Daytime Phone #

CR2E034 (9/01)