

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077405

1. Entity Name

MAIL ROOM OF LAKE LAND, INC.

R

FILED

Jul 05, 2000 8:00 am  
Secretary of State

05-30-2000 90084 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1543 US HWY 98S  
LAKE LAND FL 33801  
US

1543 US HWY 98 S  
LAKE LAND FL 33801-6551  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3401919

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAMER, LIN T  
4677 SAN PAULO CT.  
LAKE LAND FL 33813

Name

STEPHEN LANTON

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

1656 DEVEREUX DRIVE

LAKE LAND, FL.

City

FL

Zip Code

33801

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 file 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, 2000 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 D  
NAME HAMER, JAMES H  
STREET ADDRESS 4677 SAN PAULO CT.  
CITY-ST-ZIP LAKE LAND FL 33813

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P  
NAME HAMER, LIN T  
STREET ADDRESS 4677 SAN PAULO CT  
CITY-ST-ZIP LAKE LAND FL 33813

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME Owner/ President  
STREET ADDRESS GARY CULPEPPER  
CITY-ST-ZIP 4294 STAFFORD DRIVE  
WINTER HAVEN FLA 33880

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME Owner/ Vice President  
STREET ADDRESS Dawn Culpepper  
CITY-ST-ZIP 4294 STAFFORD DR  
WINTER HAVEN FLA 33880

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.7 2000