j-**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000022287 CONIMARK MAIL CENTER, INC. Principal Place of Business Mailing Address 1715 E. FOWLER AVENUE 1715 E. FOWLER AVENUE TAMPA FL 33612 **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

and title if applicable.

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

SIEBERS, MELISSA

SIGNATURE

11.

TITLE

NAME

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CITY-ST-ZIF TITLE

(See criteria on back)

1715 E. FOWLER AVENUE **TAMPA FL 33612**

9. This corporation is eligible to satisfy its Intangible

SIEBERS, MELISSA

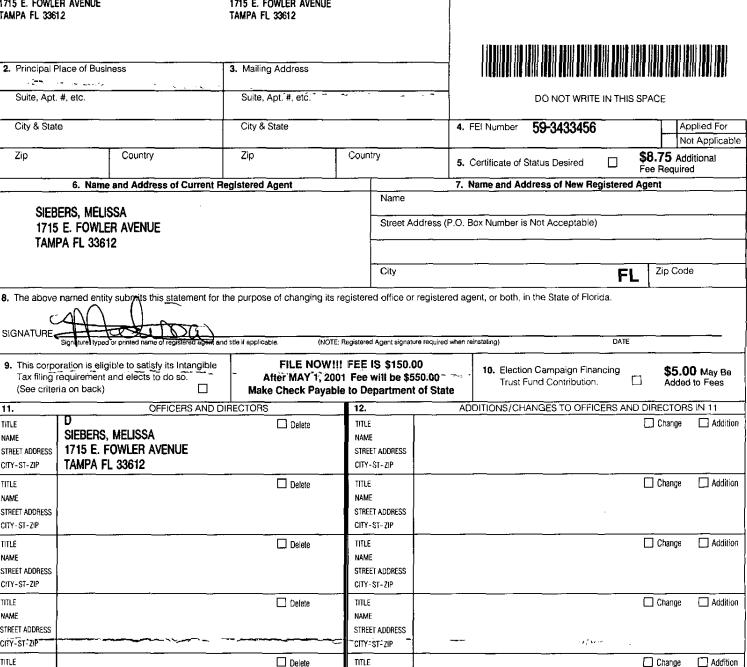
TAMPA FL 33612

1715 E. FOWLER AVENUE

Tax filing requirement and elects to do so.

FILED May 15, 2001 8:00 am Secretary of State

05-15-2001 90136 012 ***150.00



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 with an address, with all other like empowered.

CITY-ST-7IP

City

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Department of State

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After MAY 1, 2001 Fee will be \$550.00

12.

NAME

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE

☐ Change

Addition

CR2E034 (10/00)