

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045942

1. Entity Name  
POSTAL TRUCKING, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90002 021 \*\*\*550.00

Principal Place of Business  
18521 46TH COURT NORTH  
LAXAHATCHEE FL 33470

Mailing Address  
12295 52 CT N  
ROYAL PALM BCH FL 33441

A0073709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
12295 52nd Rd N

3. Mailing Address

Suite, Apt. #, etc.  
Royal Palm Bch, FL

Suite, Apt. #, etc.

City & State  
33411 USA

City & State

4. FEI Number 65-0760587

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

JARET, ELLEN  
18521 46TH COURT NORTH - 12295 52nd RD N  
LAXAHATCHEE FL 33470 Royal Palm Bch, FL 33411

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 *Ellen Jaret*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 15, 2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME PD  
STREET ADDRESS JARET, ELLEN  
CITY-ST-ZIP 12295 46 CT NORTH  
ROYAL PALM BEACH FL 33441 ☐ Delete

TITLE  
NAME PD JARET, ELLEN ☒ Change ☐ Addition  
STREET ADDRESS 12295 52nd Ct N  
CITY-ST-ZIP Royal Palm Bch. ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Ellen Jaret*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 15, 2000  
Date Daytime Phone #

CR2E034 (5/00)