

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055493

1. Entity Name

BIG MAIL BOX, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90020 049 ***150.00

Principal Place of Business

Mailing Address

1455 SEMORAN BLVD., STE #149
CASSELBERRY FL 32707

1455 SEMORAN BLVD., STE #149
CASSELBERRY FL 32707-6514

2. Principal Place of Business

1455 Semoran Blvd
Suite, Apt. #, etc.
149

3. Mailing Address

1455 SEMORAN BLVD
Suite, Apt. #, etc.
149

City & State

CASSELBERRY

City & State

CASSELBERRY

4. FEI Number

59-3488886

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TECCHIO, VALDECIR
2421 CONDADO COURT
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name TECCHIO, VALDECIR

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

10032 HIGHLAND WOOD CT

City ORLANDO

FL

Zip Code 32836

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

3/21/00

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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS TECCHIO, VALDECIR O
CITY-ST-ZIP 7523 SUERAT ST. #205
ORLANDO FL 32819

TITLE ☐ Delete
NAME VSD
STREET ADDRESS TECCHIO, SHEILA L
CITY-ST-ZIP 7523 SUERAT ST. #205
ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 6779096

3/21/00

Date

Daytime Phone #

CR2E034 (9/99)