

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000055493**1. Entity Name  
BIG MAIL BOX, INC.

## Principal Place of Business

1455 SEMORAN BLVD., STE #149

CASSELBERRY

32707

US

FL

## Mailing Address

1455 SEMORAN BLVD., STE #149

CASSELBERRY

32707

US

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-3488886

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

TECCHIO VALDECIR  
10032 HIGHLAND WOOD CT

ORLANDO

32836

US

FL

## 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)

04/30/2001

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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	TECCHIO SHEILA L	
STREET ADDRESS	7523 SUERAT ST. #205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TECCHIO VALDECIR O	
STREET ADDRESS	7523 SUERAT ST. #205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TECCHIO SHEILA L		
STREET ADDRESS	10032 HIGHLAND WOODS CT		
CITY-ST-ZIP	ORLANDO FL 32836		
TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TECCHIO VALDECIR O		
STREET ADDRESS	10032 HIGHLAND WOODS CT		
CITY-ST-ZIP	ORLANDO FL 32836		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: VALDECIR TECCHIO**

PTD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)