

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90002 044 ***150.00

DOCUMENT # P97000058391

1. Entity Name
POST OFFICE SHOPPING ARCADE, INC.

Principal Place of Business
**3228 SW MARTIN DOWNS BLVD
 SUITE #5
 PALM CITY FL 34990
 US**

Mailing Address
**3228 SW MARTIN DOWNS BLVD
 SUITE #5
 PALM CITY FL 34990-2697
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~3228 SW Martin Downs Blvd~~ **401 East Ocean Blvd.**
 Suite, Apt. #, etc.

3. Mailing Address
401 East Ocean Blvd.
 Suite, Apt. #, etc.

City & State
Stuart FL
 Zip
34994
 Country
USA

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Stuart FL 34994
 Zip
34994
 Country
USA

4. FEI Number **65-0766825** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VITALE, STEVEN G
 3228 SW MARTIN DOWNS BLVD
 SUITE #5
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent
 Name **Vitale Steven G**
 Street Address (P.O. Box Number is Not Acceptable)
401 East Ocean Blvd.
 City **Stuart** FL Zip Code **34994**

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] Steven G Vitale** DATE **4/21/00**
Signature, typed or printed name of registered agent and title 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VITALE, STEVEN G 3228 SW MARTIN DOWNS BLVD, STE 5 PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vitale Steven G 401 East Ocean Blvd. Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] Steven G Vitale** DATE **4/21/00** DAYTIME PHONE # **561-781-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)