2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P98000001773 1. Entity Name MAILBOX PUBLISHINGS, INC. 01-16-2001 90004 019 ***150.00 Principal Place of Business Mailing Address 300 COLORADO AVE #209A 300 COLORADO AVE #209A STUART FL 34994 STUART FL 34994 ひしょせいり 3. Mailing Address 2. Principal Place of Business 1308 NE BUSINESS PARK P BUSINESS PARK PL 1308 NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc City & State Applied For 4. FEI Number City & State 65-0805417 JENSEN Not Applicable ENSEN FL Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 34957 34957 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent FETZNER FETZNER, GLEN A Street Address (P.O. Box Number is Not Acceptable) 2540 PINECREST LAKES BY 934 SPRUCE RIDGE DR APT #A-7 STUART FL 34994 Zip Code Jensen 3ँ५ँ95*7* 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. d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change . ☐ Addition 3R2E034 (10/00) D ☐ Delete TITLE TITLE FETZNER, GLEN A. 2540 PINECREST LAKES BLVD NAME NAME FETZNER, GLEN A STREET ADDRESS 934 SPRUCE RIDGE DR APT A-7 STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-7IP CITY-ST-ZIP STUART FL 34994 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR