

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 031 ***150.00

DOCUMENT # P98000020328

1. Entity Name

MAILHAUS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2843 Industrial Plaza Dr

Suite, Apt. #, etc.

3. Mailing Address

2843 Industrial Plaza Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3505220

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dianne P. Nagle

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

2843 Industrial Plaza Dr

City

Tallahassee,

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PC

NAME

Nagle, Dianne P.

STREET ADDRESS

2843 Industrial Plaza Dr

CITY - ST - ZIP

Tallahassee, FL 32301

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VST

NAME

Pickron, Bill

STREET ADDRESS

2843 Industrial Plaza Dr

CITY - ST - ZIP

Tallahassee, FL 32301

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Dianne P. Nagle

Dianne P. Nagle

4/3/02

(850) 671-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)