

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90013 040 ***150.00

DOCUMENT # P98000069650

1. Entity Name

MONEY MAILER OF BOYNTON & DELRAY, INC.

Principal Place of Business

Mailing Address

~~4801 LINTON BLVD~~
~~STE 11A-109~~
~~DELRAY BEACH FL 33445~~

~~4801 LINTON BLVD~~
~~STE 11A-109~~
~~DELRAY BEACH FL 33445~~

2. Principal Place of Business

3. Mailing Address

14545J Military TR.

14545J Military TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

#205

City & State

City & State

Delray Beach FL

Delray Beach FL

Zip

Country

Zip

Country

33484

USA

33484

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, SUSAN

~~4801 LINTON BLVD~~

~~STE 11A-109~~

~~DELRAY BEACH FL 33445~~

14545J Military TR.

#205

Delray Beach, FL 33484

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

Susan Clarke

3/19/02

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, SUSAN 4882 N CITATION DR APT 101 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Susan Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

DATE

561-4485-5005

DAYTIME PHONE #

CR2E034 (9/01)