

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90009 032 ***150.00

DOCUMENT # P98000101915

1. Entity Name
POSTNET POSTAL AND BUSINESS SERVICE CENTER, INC.

Principal Place of Business
**1409 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914**

Mailing Address
**1409 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13401 Sunnyside Road
Suite, Apt. #, etc.
Suite 9

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Myers FL
Zip
33914 Country
USA

City & State

4. FEI Number **65-0878757**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWEIGERT, VERNON
1409 ELDORADO PARKWAY WEST
CAPE CORAL FL 33914**

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 *Vernon E Swiger (P)* **4-4-01**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEIGERT, VERNON 1409 ELDORADO PKWY W CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SWEIGERT, GLENNA S 1409 ELDORADO PKWY W CAPE CORAL FL 33914 <input type="checkbox"/> Delete	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: *Vernon E Swiger* **VERNON E. SWIGER (P)** **4-4-01** **941-437-3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)