

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90104 004 ***150.00

0035939

DOCUMENT # P99000080008

1. Entity Name
POSTCARD CENTRAL, INC.

Principal Place of Business Mailing Address
351 MARY ESTHER BLVD.,STE.5 **351 MARY ESTHER BLVD.,STE.5**
MARY ESTHER FL 32569 **MARY ESTHER FL 32569**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
109 Melvin St. **109 Melvin St.**
 City & State City & State
Destin FL **Destin FL**
 Zip Country Zip Country
32541 **32541**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3598451** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HELMICH, KEVIN H ESQ.
34851 EMERALD COAST PKWY
STE 100
DESTIN FL 32540

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

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

TITLE **PD** ☐ Delete
 NAME **KASTOR, BRENDA L**
 STREET ADDRESS **351 MARY ESTHER BLVD.,STE.5**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **V** ☐ Delete
 NAME **KASTOR, ROY K**
 STREET ADDRESS **351 MARY ESTHER BLVD.,STE.5**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 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:

Brenda Kastor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01
 Date

350-269-2100
 Daytime Phone #

CR2E034 (10/00)