

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90082 032 ***150.00

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DOCUMENT # P99000080008

1. Entity Name
POSTCARD CENTRAL, INC.



Principal Place of Business

~~109 MELVIN ST
DESTIN FL 32541~~

Mailing Address

~~109 MELVIN ST
DESTIN FL 32541~~

2. Principal Place of Business

218 Green Acres Rd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 200
Same

Suite, Apt. #, etc.

Same

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

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☐ CHECK HERE IF MAKING CHANGES

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

~~KASTOR, BRENDA L
109 MELVIN ST.
DESTIN FL 32541~~

7. Name and Address of New Registered Agent

Name KASTOR, Brenda L.
Street Address (P.O. Box Number is Not Acceptable)
218 Green Acres Rd.
Suite 200
City Ft. Walton Beach FL Zip Code 32547

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brenda L. Kastor

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Secretary/Treasurer
NAME Brenda L. Kastor
STREET ADDRESS 218 Green Acres Rd. Ste 200
CITY-ST-ZIP Fort Walton Beach, FL 32547

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4/29/03
Date

850/862-7434
Daytime Phone #

CR2E034 (10/02)