

# 2001 UNIFORM BUSINESS REPORT (UBR)

001392

DOCUMENT # P99000084654

1. Entity Name  
POSTMARK PUBLISHING, INC.

FILED

01 MAR -8 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4348 TURNER AVENUE  
JACKSONVILLE FL 32207

Mailing Address  
4348 TURNER AVENUE  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

1526 University Blvd. West,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 353

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32217

US

4. FEI Number 59-3599197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTOLAW, INC.  
50 NORTH LAURA STREET SUITE 2750  
JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D POSTMA, DAVID J  
STREET ADDRESS 4348 TURNER AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000003851390--9  
CITY-ST-ZIP -03/13/01--0112--012  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE NAME ☐ Delete  
D POSTMA, JANET OWEN  
STREET ADDRESS 4348 TURNER AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
NAME  
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:

*David J. Postma* DAVID J. POSTMA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01  
Date

904-737-0205  
Daytime Phone #

CR2E034 (10/00)