

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90198 001 \*\*\*300.00

DOCUMENT # **P99000087268**

1. Entity Name  
**FLORIDA POSTAL DEVELOPMENT CORPORATION, INC.**

**DO NOT WRITE IN THIS SPACE**

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br><b>1702 RINGLING BLVD</b> |         | 3. Mailing Address<br><b>1702 RINGLING BLVD</b> |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.                             |         |
| City & State<br><b>SARASOTA, FLORIDA</b>                    |         | City & State<br><b>SARASOTA, FLORIDA</b>        |         |
| Zip<br><b>34236</b>   | Country | Zip<br><b>34236</b>                             | Country |

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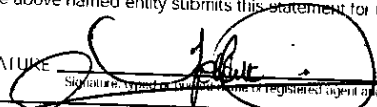
|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>65-0957069</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

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

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|  |                           |                          |
|--|---------------------------|--------------------------|
| 7. Name and Address of Current Registered Agent    |                           |                          |
| Name   | <b>JOSEPH HAMILTON</b>    |                          |
| Street Address (P.O. Box Number is Not Acceptable) | <b>1702 RINGLING BLVD</b> |                          |
| City   | <b>SARASOTA</b>           | FL                       |
|  |                           | Zip Code<br><b>34236</b> |

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:  **JOSEPH HAMILTON** DATE: **4/29/2002**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br><b>P/D</b>                           | NAME<br><b>JOSEPH HAMILTON</b> | TITLE          |  |
| STREET ADDRESS<br><b>1702 RINGLING BLVD</b>   | STREET ADDRESS                 | NAME           |  |
| CITY-ST-ZIP<br><b>SARASOTA, FLORIDA 34236</b> | CITY-ST-ZIP                    | STREET ADDRESS |  |
| TITLE<br><b>VP</b>                            | NAME<br><b>DAVID KELLY</b>     | TITLE          |  |
| STREET ADDRESS<br><b>1702 RINGLING BLVD</b>   | STREET ADDRESS                 | NAME           |  |
| CITY-ST-ZIP<br><b>SARASOTA, FLORIDA 34236</b> | CITY-ST-ZIP                    | STREET ADDRESS |  |
| TITLE   | NAME                           | TITLE          |  |
| STREET ADDRESS                                | STREET ADDRESS                 | NAME           |  |
| CITY-ST-ZIP                                   | CITY-ST-ZIP                    | STREET ADDRESS |  |
| TITLE   | NAME                           | TITLE          |  |
| STREET ADDRESS                                | STREET ADDRESS                 | NAME           |  |
| CITY-ST-ZIP                                   | CITY-ST-ZIP                    | STREET ADDRESS |  |
| TITLE   | NAME                           | TITLE          |  |
| STREET ADDRESS                                | STREET ADDRESS                 | NAME           |  |
| CITY-ST-ZIP                                   | CITY-ST-ZIP                    | STREET ADDRESS |  |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSEPH HAMILTON** DATE: **4/29/2002**

CR2E034B (12/01)