

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094762

1. Entity Name

POSTAL AND PAGER CONNECTION, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90107 029 \*\*\*150.00

Principal Place of Business

Mailing Address

13033 U.S. 301  
 DADE CITY FL 33525

13033 U.S. 301  
 DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633112

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

BRETZLAFF, WALTER L  
 13033 U.S. 301  
 DADE CITY FL 33525

Name

Wade S. Hamlin

Street Address (P.O. Box Number is Not Acceptable)

13033 Hwy 301

City

Dade City

FL

Zip Code

33525

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

*Wade S. Hamlin*

4-24-00

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, 2000 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 **VICE PRES.** ☐ Delete  
 NAME **BRETZLAFF, WALTER L**  
 STREET ADDRESS **7120 E RD**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **VICE Pres.** ☒ Change ☐ Addition  
 NAME **WALTER L. Bretzlaff**  
 STREET ADDRESS **1123 Walt Williams Rd #160**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **Pres.** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Pres.** ☐ Change ☐ Addition  
 NAME **Wade S. Hamlin**  
 STREET ADDRESS **4210 Mossy oak Dr.**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☐ Addition  
 NAME **Debra J. Martin**  
 STREET ADDRESS **1123 Walt Williams Rd**  
 CITY-ST-ZIP **Lakeland FL 33809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☐ Addition  
 NAME **Steve Weasol**  
 STREET ADDRESS **222 Carpenters Way #15**  
 CITY-ST-ZIP **Lakeland FL 33809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

*Debra J. Martin*

Debra J. Martin

Date

Daytime Phone #

352-867  
 7133

CR2E034 (9/99)