

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098466

Entity Name

POSTAL SAVINGS SERVICES, INC.

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-10-2000 90093 046 ***150.00

Principal Place of Business S. RIDGEWOOD AVE. BCH FL 32114	Mailing Address 1437B S. RIDGEWOOD AVE. DAYTONA BCH FL 32114-7221
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWES, EADY 1437B S. RIDGEWOOD AVE. DAYTONA BCH FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

8. 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PTS MCKENNEY, PATRICIA ST- ZIP 1437B S. RIDGEWOOD AVE. DAYTONA BCH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Patricia D. McKenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
Date

407-240-2234
Daytime Phone #

CR2E034 (9/99)