

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
 02-22-2000 90023 025 \*\*\*150.00

**DOCUMENT # S91113**

1. Entity Name

**MODULAR MAILING SYSTEMS OF SOUTHWEST FLORIDA, IN**

Principal Place of Business

Mailing Address

2423 EAST MALL DRIVE  
 SUITE 124  
 FT. MYERS FL 33901

2423 EAST MALL DRIVE  
 SUITE 124  
 FT. MYERS FL 33901-9118

00004010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2355 EAST MALL DR.**  
 Suite, Apt. #, etc.

3. Mailing Address

**2355 EAST MALL DR.**  
 Suite, Apt. #, etc

City & State

**FT. MYERS, FL**  
 Zip  
**33901**

Country  
**USA**

City & State

**FT. MYERS, FL**  
 Zip  
**33901**

Country  
**USA**

4. FEI Number

**65-0294022**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SISSON, LOUIS F., III**  
**6225 PRESIDENTIAL COURT, SUITE A**  
**FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAHON, JOSEPH J.	
STREET ADDRESS	2423 EAST MALL DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MAHON, TINAMARIE	
STREET ADDRESS	2423 EAST MALL DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FERRANTE, THOMAS B.	
STREET ADDRESS	1793 W. HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2355 EAST MALL DR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2355 EAST MALL DR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Joseph J. Mahon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/00*  
 Date

*941-277-0800*  
 Daytime Phone #

CR2E034 (9/99)