

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41731

1. Entity Name

MAIL SYSTEMS GROUP, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90050 047 ***150.00

Principal Place of Business

Mailing Address

224 W CENTRAL PKWY
#1018
ALTAMONTE SPRINGS FL 32714
US

224 W CENTRAL PKWY
#1018
ALTAMONTE SPRINGS FL 32779-6000
US

2. Principal Place of Business

195 WeKiva Springs RD

3. Mailing Address

195 WeKiva Springs RD

Suite, Apt. #, etc.

#330

Suite, Apt. #, etc.

#330

City & State

Longwood FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

6. Name and Address of Current Registered Agent

RADVAK, MICHAEL
450 LONGMEADOW LANE
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3176544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

M. Radvak
Signature, typed or printed name of registered agent and title if applicable

M. RADVAK, Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|---------------------|-------------------|---------------------------------|
| P | RADVAK, MICHAEL T | 450 LONGMEADOW LANE | LONGWOOD FL 32779 | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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:

M. Radvak

M. RADVAK, Pres

4/27/00

407-786-8692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)