May 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V65988**

1. Corporation Name

U. P. C. POSTAL CENTER, INC.

Principal Place	e of Business	Mailing Add								
PEBBLE CREEK			PEBBLE CREEK MAIL CTR.				ļ			
19651 BRUCE B. DOWNS. D-3 TAMPA FL 33647		-	19651 BRUCE B. DOWNS. D-3				DO NOT WRITE IN THIS SPACE			
TAMPA FL 3364	47	IAMPA FL 3.	TAMPA FL 33647				3. Date Incorporated or Qualifed			
							09/23/1992			
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number		Арр	lied For
21	idos di Basillett	26					59-3141506	İ	Not	Applicable
Suite, Apt.	# etc.		pt. #, etc.					, \$8	.75 A	dditional
22	.,	27					5. Certificate of Status Desired		ee Rec	quired
City & Stat	e	City & S	tate				6. Election Campaign Financing	\$	5.00 h	vlay Be
23		28					Trust Fund Contribution	<u>A</u>	dded to	Fees
Zip	Country	Zip		Country	1		8. This corporation owes the current	year Intangible		_
24	25	29	30	0			Personal Property Tax.	Ye	es i	□No
	9. Name and Address of Curre	ent Registered Age	ent		т		10. Name and Address of New Reg	stered Agent		
				81	Na	ne				
	IOTTI, GEORGE J			82	Str	et Addre	ss (P.O. Box Number is Not Acceptable)		
	BEL CREEK MAIL CENTER									
	51 BRUCE B. DOWNS, SUITE (D-3		83						
TAM	PA FL 33647-2445			84	City			85	Zip C	ode
				ļ	1			FL (_		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statutes	, the above	e-nan	ed corpo	ration submits this statement for the pur	pose of chang	jing its i	registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the obliq	te of Florida. Such o gations of, Section (change was autr 607.0505, Florid	norized by la Statutes	ine c 3.	orporation	's board of directors. I hereby accept the	e appointmen	r as reg	1310100
		•								
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: R	egistered Ager	nt signa	ture required	midit realis +g)	DATE		
12.	OFFICERS A	AND DIRECTORS		egistered Ager	nt signa	ture required	when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIF		
		AND DIRECTORS	(NOTE: R		nt signa	ture required	midit realis +g)	ERS AND DIF	RECTOR hange	RS IN 12
12.	OFFICERS A	AND DIRECTORS		13.	nt signa	ture required	midit realis +g)	ERS AND DIF		
12.	PVSD LISCIOTTI, GEORGE J.	AND DIRECTORS		13. 1.1 TITLE			midit realis +g)	ERS AND DIF		
12. TITLE NAME	OFFICERS A PVSD LISCIOTTI, GEORGE J.	ITE D-3	□ DELÈTE	13. -1.1 TITLE 1.2 NAME	TADDR		midit realis +g)	ERS AND DIF	hange	☐ Addition
12. TITLE NAME STREET ADDRESS	PVSD LISCIOTTI, GEORGE J. 19651 BRUCE B. DOWN, SU	ITE D-3		13. -1.1 TITLE 1.2 NAME 1.3 STREET	TADDR		midit realis +g)	ERS AND DIF		
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14. 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF