

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90045 001 ****61.25

DOCUMENT # N25768
 1. Entity Name
PALM BEACH PACKET GROUP, INC.

Principal Place of Business Mailing Address
1043 WIDGEON ROAD **1043 WIDGEON ROAD**
WELLINGTON FL 33414 **WELLINGTON FL 33414-5049**

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 Applied For
65-0020544 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00007000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GREEN, JOHN H
1043 WIDGEON ROAD
WEST PALM BEACH FL 33414

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RABUN, WILLIAM H 325 EXECUTIVE CNTR DR. #313B WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Richard E. Schofield 2102 Lake Osborne Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GROSSE, BURCK E 11 HUNTLY CIRCLE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KASKAWITS, MARVIN M. 95 NORTHAMPTON 'E' WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KASKAWITS, MARVIN M 95 NORTHAMPTON 'E' West Palm Beach, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MICHAELS, MIKE 5456 WHITESANDS COVE LAKE WORTH FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Michaels, Mike 5456 Whitesands Cove Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, JOHN H 1043 WIDGEON ROAD WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Green **REQUIRED** 1-15-00 561-793-6093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #