

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90090 026 ****61.25

0060753

DOCUMENT # N25768

1. Entity Name

PALM BEACH PACKET GROUP, INC.

Principal Place of Business

Mailing Address

1043 WIDGEON ROAD
 WELLINGTON FL 33414

1043 WIDGEON ROAD
 WELLINGTON FL 33414

603275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0020544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, JOHN H
1043 WIDGEON ROAD
WEST PALM BEACH FL 33414

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

John H Green

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

(NOTE: Registered Agent signature required when reinstating)

1-6-01

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SCHOFIELD, RICHARD E | |
| STREET ADDRESS | 2102 LAKE OSBORNE | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | GROSSE, BURCK E | |
| STREET ADDRESS | 11 HUNTLY CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KASHAWITS, MARVIN M. | |
| STREET ADDRESS | 95 NORTHAMPTON 'E' | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MICHAELS, MIKE | |
| STREET ADDRESS | 5456 WHITESANDS COVE | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREEN, JOHN H | |
| STREET ADDRESS | 1043 WIDGEON ROAD | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PD Douglas Welcker | |
| STREET ADDRESS | 6680 KATHERINE RD | |
| CITY-ST-ZIP | West Palm Beach, FL 33413 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard E. Schofield | |
| STREET ADDRESS | 2102 Lake Osborne | |
| CITY-ST-ZIP | Lake Worth, FL 33461 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Burck E. Grosse | |
| STREET ADDRESS | 11 Huntly Circle | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 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 | | |

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01
 Date

Daytime Phone #

CR2E037 (10/00)