

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90167 030 ****61.25

DOCUMENT # N25768

1. Entity Name
PALM BEACH PACKET GROUP, INC.



Principal Place of Business
**1043 WIDGEON ROAD
WELLINGTON FL 33414**

Mailing Address
**1043 WIDGEON ROAD
WELLINGTON FL 33414**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOFIELD, RICHARD E	
STREET ADDRESS	2102 LAKE OSBORNE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SILVER, HOWARD	
STREET ADDRESS	11 HUNTLY CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KASHAWITS, MARVIN M.	
STREET ADDRESS	95 NORTHAMPTON 'E'	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELCKER, DOUGLAS	
STREET ADDRESS	6660 KATHERINE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JOHN H	
STREET ADDRESS	1043 WIDGEON ROAD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KASWKAWITS, MARVIN	
STREET ADDRESS	95 N HAMPTON	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZERMANN, Andrew F	
STREET ADDRESS	2369 IDA WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL, 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, HOWARD	
STREET ADDRESS	11 HUNTLY CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL, 33418	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHAWITS, MARVIN M.	
STREET ADDRESS	95 NORTHAMPTON 'E'	
CITY-ST-ZIP	WEST PALM BEACH, FL, 33414	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMBERMAN, ROBERT J.	
STREET ADDRESS	P.O. Box 547	
CITY-ST-ZIP	LAKE WORTH, FL, 33460	
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 **REQUIRED** 1-29-03 361-993-6093

CR2E037 (10/02)