

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90143 038 ***150.00

DOCUMENT # P94000074185

1. Entity Name

PAK N SHIP OF SANIBEL, INC.

Principal Place of Business

Mailing Address

2402 PALM RIDGE RD.
 SANIBEL FL 33957

2402 PALM RIDGE RD.
 SANIBEL FL 33957-3222

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

65-0527728

Applied For

Not Applied

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

ROUTH, GENE
2402 PALM RIDGE RD.
SANIBEL FL 33957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHERBONNIER, ADELAIDE	
STREET ADDRESS	16 KINGSBURY PLACE	
CITY-ST-ZIP	ST LOUIS MO 63112	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ROUTH, GENE	
STREET ADDRESS	2402 PALM RIDGE RD.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Gene A Routh
GENE A ROUTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
 Date

941-395-1220
 Daytime Phone #