

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/17

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-17-2000 90969 016 ***150.00

DOCUMENT # P99000038028

1. Entity Name
PACKER SERVICES, INC.

Principal Place of Business Mailing Address
10403 DOWN LAKEVIEW CIR. **10403 DOWN LAKEVIEW CIR.**
WINDERMERE FL 34788 **WINDERMERE FL 34788-7910**

2. Principal Place of Business 3. Mailing Address
205 Capitol Ct. **205 Capitol Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocoee, FL **Ocoee, FL**
 Zip Country Zip Country
34761 **U.S.A.** **34761** **U.S.A.**

4. FEI Number Applied For
59-3573971 Not Applicable

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

PACKER, S. BROCK **BROCK PACKER**
10403 DOWN LAKEVIEW CIR. **205 CAPITOL CT.**
WINDERMERE FL 34788 **Ocoee, FL 34761**
 City **Ocoee** State **FL** Zip **34761**

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: *Brock Packer* DATE: **7/6/00**

Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$300.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BROCK PACKER 10403 DOWN LAKEVIEW CIR WINDERMERE, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Brock Packer* DATE: **4/14/00** PHONE: **407/877-8668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)