2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90071 028 ****70.00

U05533I

DOCUMENT # 741890

1. Entity Name

PACT, INC.

Principal Place of Business	Mailing Address
1111 MCMULLEN BOOTH RD CLEARWATER FL 33759 US	1111 MCMULLEN BOOTH RD CLEARWATER FL 33759 US

DO NOT WRITE IN THIS SPACE

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 59-1803628 ☐ Applied For ☐ 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
FREEDMAN, ROBERT 1111 MCMULLEN BOOTH RD. CLEARWATER FL 33759	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 _____ 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREEDMAN, ROBERT 1612 FARRIER TRAIL CLEARWATER FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CANTONIS, JAMES 305 ORLANDO RD BELLEAIR FL 33756	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Alpert, Barry 239 Bath Club Blvd. N. N. Redington Beach, FL 33708 XX Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALPERT, BARRY 239 BATH CLUB BLVD N N REDINGTON BEACH FL 33708	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hamilton, Kenneth 200 Palm Island NW Clearwater, FL 33767 XX Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STONE, DAVID 2956 LANDMARK WAY PALM HARBOR FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHALLENER, ROBERT 1741 E LAGOON CIRCLE CLEARWATER FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROSS III, WILLIAM A 125 DEVON DRIVE CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT XX Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED William A. Ross, III 4/10/01 (727) 712-2719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #