

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741890

1. Entity Name

PACT, INC.

Principal Place of Business

1111 MCMULLEN BOOTH RD
CLEARWATER FL 33759
US

Mailing Address

1111 MCMULLEN BOOTH RD
CLEARWATER FL 33759
US

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	FREEDMAN, ROBERT	
STREET ADDRESS	1612 FARRIER TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	CD	☐ Delete
NAME	ALPERT, BARRY	
STREET ADDRESS	239 BATH CLUB BLVD N	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE	VD	☐ Delete
NAME	HAMILTON, KENNETH	
STREET ADDRESS	200 PALM ISLAND NW	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	☒ Delete
NAME	STONE, DAVID	
STREET ADDRESS	2956 LANDMARK WAY	
CITY-ST-ZIP	PALM HARBOR FL 33767	
TITLE	SD	☐ Delete
NAME	CHALLENGER, ROBERT	
STREET ADDRESS	1741 E LAGOON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	AT	☐ Delete
NAME	ROSS III, WILLIAM A	
STREET ADDRESS	125 DEVON DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33767	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☒ Addition
NAME	Watrous, James	
STREET ADDRESS	501 Palmetto Road	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Ross, III

1/10/02

(727) 712-2762

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE