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

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90256 042 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES

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

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 Florida 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 ALPERT, BARRY 239 BATH CLUB BLVD N N REDINGTON BEACH FL 33708	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HAMILTON, KENNETH 200 PALM ISLAND NW CLEARWATER, FL 33767 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMILTON, KENNETH 200 PALM ISLAND NW CLEARWATER FL 33767	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STONE, DAVID 2954 LANDMARK WAY PALM HARBOR, FL 34684 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATROUS, JAMES 501 PALMETTE ROAD 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	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASE, JANICE 205 PALM ISLAND NW CLEARWATER, FL 33767 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ROSS III, WILLIAM A 125 DEVON DRIVE CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 2/19/03 (727) 712-2762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR