

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002367

1. Entity Name

PASSAP AMERICA, INC.

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90032 030 \*\*\*558.75

Principal Place of Business

2200 WINTER SPRINGS BLVD  
STE 106-350  
OVIEDO FL 32765

Mailing Address

2200 WINTER SPRINGS BLVD  
STE 106-350  
OVIEDO FL 32765-9358

2. Principal Place of Business

11220 Metro Parkway

Suite, Apt. #, etc. Suite 10  
Metro Commerce Ctr

City & State  
Ft. MYERS

Zip  
FL

Country  
33912

3. Mailing Address

11220 Metro Parkway

Suite, Apt. #, etc. Suite 10  
Metro Commerce Ctr

City & State  
Ft. MYERS

Zip  
FL

Country  
33912



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2228385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKNER, VICTORIA A  
1293 GENEVA DR., STE 121  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name  
Victoria A. Beckner

Street Address (P.O. Box Number is Not Acceptable)

11220 Metro Parkway

Metro Commerce Center Suite 10

City  
Ft. MYERS

FL

Zip Code  
33912

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

*Victoria A. Beckner* President

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

(NOTE: Registered Agent signature required when reinstating)

May 17, 2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
BECKNER, VICTORIA A  
770 BEAR CREEK CIRCLE  
WINTER SPRINGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Victoria A. Beckner* V. A. BECKNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00

Date

941 936 4499

Daytime Phone #

CR2E034 (9/99)