

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003304

1. Entity Name

PACVEST ASSOCIATES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90079 044 \*\*\*550.00

Principal Place of Business

Mailing Address

17 TRIPP ROAD  
WOODSTOCK CT 06281

17 TRIPP ROAD  
WOODSTOCK CT 06281-3514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1360297

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOBBELSTEIN, SUSAN J  
9240 NW 44TH COURT  
CORAL SPRINGS FL 33065

Name

**BREUER, LLOYD M.**

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

**800 CORPORATE DRIVE, SUITE 220**

City

**FT. LAUDERDALE**

**FL**

Zip Code  
**33334**

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

*Lloyd M. Breuer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MANN, ROBERT K	
STREET ADDRESS	17 TRIPP ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIETROSKI, FRANK D	
STREET ADDRESS	395 CIRCUIT STREET	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MANN, SHARON L	
STREET ADDRESS	17 TRIPP ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Robert K. Mann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2000  
Date

(860) 963-0722  
Daytime Phone #

CR2E034 (9/99)