

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90114 016 ***150.00

DOCUMENT # G19253

1. Entity Name
PACK & SHIP, INC.

Principal Place of Business
**1535 KATHRYN DR.
 LONGWOOD FL 32750**

Mailing Address
**1535 KATHRYN DR.
 LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SPIVEY, MELANIE D
 1535 KATHRYN DR
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **Melanie D. Spivey**
 Street Address (P.O. Box Number is Not Acceptable)
**117 VARIETY TREE CIR
 ALTAMONTE SPRINGS, FL 32714**
 City **ALTAMONTE SPRINGS, FL** Zip Code **32714**

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

Melanie D Spivey **MELANIE D SPIVEY** **JAN 3, 2001**
 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, 2001 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 **DP** ☐ Delete
 NAME **SPIVEY, MELANIE**
 STREET ADDRESS **1535 KATHRYN DR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VP** ☐ Delete
 NAME **MONZADEH, MICHAEL**
 STREET ADDRESS **1535 KATHRYN DR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **117 VARIETY TREE CIR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **117 VARIETY TREE CIR**
 CITY-ST-ZIP **ALT SPRS FL 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie D Spivey **Melanie D Spivey Pres** **407 260 1707**
JAN 3, 2001 Daytime Phone #

CR2E034 (10/00)

0473977