2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Jan 14, 2003 8:00 am		
DOCU	JMENT # H541 5	54				y of State	
	PACK AND SHIP, INC.	·			01-14-2003 900	064 017 ***150.00	
Principal Pla % SARAH G _908 N. DIXIII BOCA RATO	HWY	Mailing Address % SARAH GROSS 909-N. DIXIE HWY BOCA RATON FL 33432	Below	J.			
2007	Place of Business W. RANdolph CIRCLE	3. Mailing Address		,	1 (8010) 1 1181 8111 0180) 1704 81111 8181	BIBIT BIETH BIBIT BIETH BIBIT ET	111 132
Suite, Ap		Suite, Apr. #, etc.			☐ CHECK HERE IF M.	AKING CHANGES	
	A HASSFE FL	City & State			4. FE! Number 59-2530379	Applied Not App	
3 230		Zip	Country		5. Certificate of Status Desired	Fee Required	al
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Regist	ered Agent	
22090	QADAH			پو ۾ شينج . بار د	المستنبين والمناسب المراث الما المتأثثان	'a man	
GROSS, SARÁH 1908 N. DIXIE HWY AS ABOVE			Street /	Address (P.	O. Box Number is Not Acceptable)		
BOCA RA	TON FL 33432	-					
		-	City			FL Zip Code	B
" the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered	d agent, or both, in the State of Florida.	l am familiar with, and a	ccept
SIGNATURE	Signature, typed or printed narre of gistered agent ar	d title it applicable. (NOTE: I	Registered Agent signa	ture required w	hen reinstating) (DATE	-)
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financin Trust Fund Contribution.	g \$5.00 Ma	
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIREQTORS IN 1	,
TITLE	DP	☐ Delete	TITLE				Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	2007	w. Randolph C	R	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	TAI	INVASSEE FL 3	2308	
TITLE NAME	VD GROSS, IRVIN	☐ Delete	TITLE NAME		•	Change 🔲 /	Addition (
STREET ADDRESS	1018 SW 12 ST. BOCA RATON FL		STREET ADDRESS CITY-ST-ZIP	2007	W. Randolph C IAMASSEE, FL 3 W. RANdolph CR IAMASSEE, FL 32308	>	
TITLE		☐ Delete	TITLE	, , ,	(KNYWIEF, 12 3230)	Change 🗀 A	Addition
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				}
TITLE		——————————————————————————————————————	CITY-ST-ZIP				
NAME .		Delete	TITLE NAME			☐ Change ☐ Ai	ddition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY OT 710				

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 10 or Block 11 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

P50 385-3252