

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79055

1. Entity Name

PACSETTER ENTERPRISES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90092 002 ***150.00

Principal Place of Business	Mailing Address
1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308-7705

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	59-2943235 ✓	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
MOTTICE, H. JAY 1834 HERMITAGE BLVD SUITE 201 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent		
Name	JOHN P. MOTTICE	
Street Address (P.O. Box Number is Not Acceptable)	same as previous	
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.

SIGNATURE	<i>[Signature]</i> PRESIDENT	JOHN P. MOTTICE	2/7/00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	-----------------------------

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																
<table><tr><td>TITLE</td><td>CS</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MOTTICE, JAY H</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1834 HERMITAGE BLVD, SUITE 201</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32308</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MOTTICE, KATHLEEN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1834 HERMITAGE BLVD, SUITE 201</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32308</td><td></td></tr><tr><td>TITLE</td><td>PT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MOTTICE, JOHN P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1834 HERMITAGE BLVD, SUITE 201</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE FL 32308</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	CS	<input checked="" type="checkbox"/> Delete	NAME	MOTTICE, JAY H		STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201		CITY-ST-ZIP	TALLAHASSEE FL 32308		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	MOTTICE, KATHLEEN		STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201		CITY-ST-ZIP	TALLAHASSEE FL 32308		TITLE	PT	<input type="checkbox"/> Delete	NAME	MOTTICE, JOHN P		STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201		CITY-ST-ZIP	TALLAHASSEE FL 32308		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			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>D/P/T/S</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	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			STREET ADDRESS			CITY-ST-ZIP			TITLE	D/P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	MOTTICE, JAY H																																																																																																																																																
STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201																																																																																																																																																
CITY-ST-ZIP	TALLAHASSEE FL 32308																																																																																																																																																
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																																																															
NAME	MOTTICE, KATHLEEN																																																																																																																																																
STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201																																																																																																																																																
CITY-ST-ZIP	TALLAHASSEE FL 32308																																																																																																																																																
TITLE	PT	<input type="checkbox"/> Delete																																																																																																																																															
NAME	MOTTICE, JOHN P																																																																																																																																																
STREET ADDRESS	1834 HERMITAGE BLVD, SUITE 201																																																																																																																																																
CITY-ST-ZIP	TALLAHASSEE FL 32308																																																																																																																																																
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																																																																																																																																																	
STREET ADDRESS																																																																																																																																																	
CITY-ST-ZIP																																																																																																																																																	
TITLE	D/P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																															
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																																																																																																																																																	
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:	<i>[Signature]</i> PRESIDENT	JOHN P. MOTTICE	2/7/00	850-386-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E034 (9/99)