

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000095693**

1. Entity Name

FAR AND AWAY...PACKING AND SHIPPING, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90302 021 ***150.00

Principal Place of Business

**1537 EXCALIBUR ST
HOLIDAY FL 34690**

Mailing Address

**1537 EXCALIBUR ST
HOLIDAY FL 34690**

2. Principal Place of Business

5417 MAIN ST

3. Mailing Address

5417 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FLZip **34652**Country **US**Zip **34652**Country **US**

4. FEI Number

65-1057659

Applied For

Not Applicable

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

**MOORE, ANN D
1537 EXCALIBUR ST
HOLIDAY FL 34690**

Name

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MOORE, ANN D	
STREET ADDRESS	1537 EXCALIBUR ST	
CITY-ST-ZIP	HOLIDAY FL 34690	

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

TITLE	DVS	<input type="checkbox"/> Delete
NAME	THOMAS, JUDITH D	
STREET ADDRESS	6035 GRAND BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *Ann D. Moore* **ANN D. MOORE, PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2301 (727) 844-5580

CR2E034 (10/00)