

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90016 012 ***550.00

0087341 AV

DOCUMENT # P00000099690

1. Entity Name
 PACKET CITY, INC.

Principal Place of Business
 9308 LYNFIELD DR.
 TAMPA FL 33615

Mailing Address
 9308 LYNFIELD DR.
 TAMPA FL 33615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
 P.O. BOX 260502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 TAMPA, FL

4. FEI Number

59-3722437

Applied For

Not Applicable

Zip

Country

Zip

Country

33685

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GLASSBERG, MICHAEL
 9308 LYNFIELD DR.
 TAMPA FL 33615

7. Name and Address of New Registered Agent

Name
 JOHN V. TORTORELLO

Street Address (P.O. Box Number is Not Acceptable)
 4822 BONITA VISTA DR

City
 TAMPA

FL

Zip Code

33634

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 *John V. Tortorello*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

9/11/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 GLASSBERG, MICHAEL
 9308 LYNFIELD DR.
 TAMPA FL 33615

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VS

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VT

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VS
 GLASSBERG, HOLLY
 9308 LYNFIELD DR
 TAMPA, FL 33615

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TORTORELLO, JOHN
 4822 BONITA VISTA DR.
 TAMPA, FL 33634

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: *John V. Tortorello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2001

Date

(813) 882-8671

Daytime Phone #

CR2E034 (5/01)