

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 033 ***150.00

DOCUMENT # P00000099690



1. Entity Name
PACKET CITY, INC.

Principal Place of Business
**9308 LYNFIELD DR.
TAMPA FL 33615**

Mailing Address
**P.O. BOX 260502
TAMPA FL 33685**



2. Principal Place of Business
**5700 MEMORIAL HWY
SUITE 102**

3. Mailing Address
P.O. BOX 260502

CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3722437

Applied For
 Not Applicable

Zip
33615

Country
HILLSBOROUGH

Zip
33685

Country
HILLSBOROUGH

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

**TORTORELLO, JOHN V
4822 BONITA VISTA DR
TAMPA FL 33634**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BILLS, JANICE	
STREET ADDRESS	4203 N. CENTRAL AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLASSBERG, HOLLY	
STREET ADDRESS	9308 LYNFIELD DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TORTORELLO, JOHN	
STREET ADDRESS	4822 BONITA VISTA DRIVE	
CITY-ST-ZIP	TAMPA FL 33634	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLY GLASSBERG	
STREET ADDRESS	5700 MEMORIAL HWY #102	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN V. TORTORELLO	
STREET ADDRESS	4822 BONITA VISTA DR.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL GLASSBERG	
STREET ADDRESS	5700 MEMORIAL HWY #102	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: *J. Tortorello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
813-886-6992
Date Daytime Phone #

CR2E034 (10/02)