

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002966

1. Entity Name  
PAKEDGE, INC.

Principal Place of Business  
93 S. ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32082

Mailing Address  
93 S. ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
City & State

Zip  
Country

FILED  
May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90219 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                             |                |
|-----------------------------|----------------|
| 4. FEI Number<br>59-3696198 | Applied For    |
|                             | Not Applicable |

5. Certificate of Status Desired  \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.  
10110 SAND JOSE BLVD.  
JACKSONVILLE FL 32257

## 7. Name and Address of New Registered Agent

|  |    |          |
|--|----|----------|
| 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, 2002 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          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                 | NAME  | Joseph F. Bowers   |
| STREET ADDRESS |                                 | STREET ADDRESS  | 93 S Roscoe Boulevard  |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP   | Ponte Vedra Beach, FL 32082  |
| TITLE          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 | NAME  |  |
| STREET ADDRESS |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP   |  |
| TITLE          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 | NAME  |  |
| STREET ADDRESS |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP   |  |
| TITLE          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 | NAME  |  |
| STREET ADDRESS |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP   |  |
| TITLE          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 | NAME  |  |
| STREET ADDRESS |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP   |  |
| TITLE          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 | NAME  |  |
| STREET ADDRESS |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP    |                                 | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E034 (9/01)