

2002 UNIFORM BUSINESS REPORT (UBR)

05-01-2002 91479 041 ***150.00

DOCUMENT # P01000042699

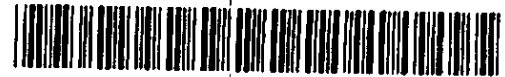
1. Entity Name

PACK & SHIP ETC, INC.

FILED

02 AUG 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10018 WEST MCNAB ROAD TAMARAC FL 33321		Mailing Address 10018 WEST MCNAB ROAD TAMARAC FL 33321	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-1097861	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOORE-WYCHE, DEBORAH A
5500 SW 7TH PLACE
MARGATE FL 33068

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 NAME STREET ADDRESS CITY-ST-ZIP	D MOORE-WYCHE, DEBORAH 5500 SW 7TH PLACE MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Deborah Moore-Wyche* 4.15.02

August 12, 2002

Divisions of Incorporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Pack & Ship etc., Inc.
Document # P01000042699

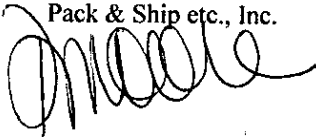
To whom it may concern:

Please be advised that on April 15, 2002 I sent my information in for the 2002 Uniform Business Report. I did not enclose my FEI number on the original. They returned a copy to me, I filled in the necessary information and returned immediately.

As of this date, I have not been filed. I phoned your office and was instructed to write this letter with another copy of the form and I ask that any additional fees be waived. I appreciate your help.

Thank you,

Deborah Moore-Wyche
Pack & Ship etc., Inc.



—V# 1214—
