

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90283 016 ***150.00

0611236 AV

DOCUMENT # P01000107312

1. Entity Name
PACKER AIR, INC.



Principal Place of Business
**6794 SE ISLE WAY
STUART FL 34996**

Mailing Address
**6794 SE ISLE WAY
STUART FL 34996**

2. Principal Place of Business
4 Middle Road
Suite, Apt. #, etc.

3. Mailing Address
4 middle Road
Suite, Apt. #, etc.

City & State
Stuart FL
Zip
34996
Country
Martin

City & State
Stuart FL
Zip
34996
Country
Martin

4. FEI Number **01-0573500**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELLIAN, EDWARD M
~~**6794 SE ISLE WAY**~~ **4 middle Road**
STUART FL 34996

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

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 **P** ☐ Delete
NAME **MSELLIAN, EDWARD**
STREET ADDRESS ~~**6794 SE ISLE WAY**~~
CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4 middle Road**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SELLIAN, SUZAN J**
STREET ADDRESS ~~**6794 SE ISLE WAY**~~
CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4 middle Road**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 772-219-9771

Date Daytime Phone #

CR2E034 (10/02)