2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002777

1. Entity Name
PACK N' SHIP OF JUNO BEACH, INC.

Principal Place of Business	Mailing Address
6390 INDIANTOWN RD.	6390 INDIANTOWN RD.
JUPITER FL 33458	JUPITER FL 33458

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
865 DONALD ROSS RD
Suite, Apt. #, etc.
City & State: JUNO BEACH, FL
Zip: 33408 Country: USA

3. Mailing Address
865 DONALD ROSS RD
Suite, Apt. #, etc.
City & State: JUNO BEACH, FL
Zip: 33408 Country: USA

4. FEI Number: 75-2972077
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUMSON, ADAM S ESQ.
6390 INDIANTOWN RD.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name: LESLIE MEADE
Street Address (P.O. Box Number is Not Acceptable): 865 DONALD ROSS RD
City: JUNO BEACH FL Zip Code: 33408

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 _Leslie M Meade_
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: D NAME: MEADE, LESLIE L STREET ADDRESS: 19029 SE HILLCREST DR. CITY-ST-ZIP: JUPITER FL 33469	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F! changed, or on an attachment with an address, with all other like empowered. Florida Statutes. I further certify that the information is if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

SIGNATURE: _Leslie M Meade_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-18-03

Daytime Phone # 624-3838

CR2E034 (10/02)