

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90043 027 ***150.00

DOCUMENT # P22005

1. Entity Name
PAC ORD INC.

Principal Place of Business

240 W. 30TH STREET
NATIONAL CITY CA 91950
US

Mailing Address

2427 HOOVER AVENUE
NATIONAL CITY CA 91950
US

2. Principal Place of Business

2427 Hoover Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
National City, CA

City & State

4. FEI Number
23-2523436

Applied For
Not Applicable

Zip
91950

Country
San Diego

Zip

Country

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAWKS, DOUGLAS I	
STREET ADDRESS	122 WEST 24TH STREET	
CITY-ST-ZIP	NATIONAL CITY CA 91950	
TITLE	D3	<input type="checkbox"/> Delete
NAME	LANZA, FRANK C	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPENTA, ROBERT V	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CAMBRIA, CHRISTOPHER C	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	SULLIVAN, LEO J	
STREET ADDRESS	13500 ROOSEVELT BLVD	
CITY-ST-ZIP	PHILADELPHIA PA 19116	
TITLE	VT	<input type="checkbox"/> Delete
NAME	O'BRIEN, LAWRENCE W	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02 (619) 336-2201
 Date Daytime Phone #

CR2E034 (9/01)