## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address,

ith all other like empowered

SIGNING OFFICER OR DIREC

## FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P92000005226 1. Entity Name SPEEDY PAC, INC. 05-01-2001 90053 010 \*\*\*150.00 Principal Place of Business Mailing Address 1153 MALABAR ROAD, NE 1153 MALABAR ROAD, NE SUITE 16 734340 SUITE 16 PALM BAY FL 32907-3261 PALM BAY FL 32907-3261 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3150843 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINNEGAN, GERALD G Street Address (P.O. Box Number is Not Acceptable) 2169 WAGONWHEEL AVE SE PALM BAY FL 32909 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE FINNEGAN, GERALD G NAME STREET ADDRESS STREET ADDRESS 2169 WAGONWHEEL AVE SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Addition Change TITLE ☐ Delete TITLE FINNEGAN, JANET A NAME NAME STREET ADDRESS STREET ADDRESS 2169 WAGONWHEEL AVE SE CITY-ST-ZIP CITY-ST-7IP PALM BAY FL 32909 ☐ Delete Y. PRES Change **X**Addition TITLE TITLE TODO M. KELLEY 784 TRINIDAD AV SE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY. FLORIDA 32907 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 repeiver 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