2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005226

1. Entity Name

SPEEDY PAC, INC.

Principal Place of Business	Mailing Address
1153 MALABAR ROAD. NE	1153 MALABAR ROAD. NE
~~SUITE 16~~	~~SUITE 16~~
PALM BAY FL 32907-3261	PALM BAY FL 32907-3261
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-3150843 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
FINNEGAN, GERALD G	Name
2169 WAGONWHEEL AVE SE	Street Address (P.O. Box Number is Not Acceptable)
PALM BAY FL 32909	
	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 GERALD G FINNEGAN, PRES.   *(signature)*   1-4-02

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 P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FINNEGAN, GERALD G		NAME	
STREET ADDRESS 2169 WAGONWHEEL AVE SE		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		CITY-ST-ZIP	
TITLE ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FINNEGAN, JANET A		NAME	
STREET ADDRESS 2169 WAGONWHEEL AVE SE		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32909		CITY-ST-ZIP	
TITLE VP	☒ Delete	TITLE	☐ Change ☐ Addition
NAME KELLEY, TODD M		NAME	
STREET ADDRESS 784 TRINIDAD AV SE		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32907		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: JANET A FINNEGAN, SEC/TRES   *(signature)* Janet A Finnegan   1-4-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 321-728-2415