2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P93000021042** 1. Entity Name PACKER CONSULTING, INC. 01-19-2000 90019 007 ***158.75 Principal Place of Business Mailing Address 10303 SW 48 PLACE 10303 SW 48 PLACE GAINESVILLE FL 32608 GAINESVILLE FL 32608-7173 **UU1U44** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3171640 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PACKER Edward 1. PACKER, EDWARD T Street Address (P.O. Box Number is Not Acceptable) 4481 SW 101ST DR. GAINESVILLE FL 32605 10303 SW 48 PLACE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRES. PACKER, Edward T TITLE TITLE ☐ Delete NAME PACKER, EDWARD T NAME 10303 SW 48T PL STREET ADDRESS 4481 SW 101ST DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL 32605** GAINESVILLE FL Addition TITLE ☐ Delete TITLE ☐ Change SECY TREAS PACKER, KATHERINE H NAME NAME PACKER, KATHERINE IT STREET ADDRESS 4481 SW 101ST DR. STREET ADDRESS LO 303 SW . 48TE PL GAINESVILLE FL 32609 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Tay-Treas.

1/12/2000 (352) 336-4310