

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053763

1. Entity Name
PACK MART, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90004 022 ***150.00

Principal Place of Business
~~13520 U.S. HIGHWAY #1~~
SEBASTIAN FL 32958

Mailing Address
2155 SEMINOLE SHORES LANE
VERO BEACH FL 32963
US

2. Principal Place of Business
13537 US HIGHWAY #1
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
SEBASTIAN FL
Zip
32958
Country
E. R.

City & State
Zip
Country

4. FEI Number **65-0597754**

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

~~CLORINDA, CALISTRI~~
2155 SEMINOLE SHORES LANE
VERO BEACH FL 32963

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLORINDA, CALISTRI
2155 SEMINOLE SHORES LANE
VERO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

604279



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)