

2000 UNIFORM BUSINESS REPORT (UBR)

4/19

FILED
May 18, 2000 8:00 am
Secretary of State

04-19-2000 90099 034 ***158.75

DOCUMENT # P96000001337

1. Entity Name

ELPAC, INC.

Principal Place of Business

13100 56TH COURT NORTH
 STE 707
 CLEARWATER FL 34620

Mailing Address

13100 56TH COURT NORTH
 STE 707
 CLEARWATER FL 33760-4021

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0284563

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNGER, A. LESLIE
 13100 56TH COURT NORTH
 STE 707
 CLEARWATER FL 34620

Name **JAN VERDAASDONK**
 Street Address (P.O. Box Number is Not Acceptable)
13100 56TH COURT NORTH
SUITE #707
 City **CLEARWATER** FL Zip Code **33760**

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]* **JAN VERDAASDONK PRESIDENT** **MAY 9, 2000**
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, 2000 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDAASDONK, JAN	NAME	
STREET ADDRESS	13100 56TH CT N STE 707	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, NEAL T	NAME	
STREET ADDRESS	460 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGLI, JURG	NAME	
STREET ADDRESS	X	STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GU	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, A. LESLIE	NAME	
STREET ADDRESS	13100 56TH CT N STE 707	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **JAN VERDAASDONK** **4/11/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)