

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90287 023 ***150.00

0380551 AV

DOCUMENT # P97000065731

1. Entity Name

PAK MAIL CENTER OF BOYNTON BEACH, INC.

Principal Place of Business

**13833 WELLINGTON TR RD
 WELLINGTON FL 33414**

Mailing Address

**C/O REX. ACCT SER INC
 3452 W BOYNTON BCH BLVD STE 10
 BOYNTON BCH FL 33436**

2. Principal Place of Business

**3452 W BOYNTON BCH BLVD
 Suite, Apt. #, etc.
 STE #10**

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0770592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**REX, RAYMOND R JR
 3452 W BOYNTON BCH BLVD STE 10
 C/O REX ACCT SER INC
 BOYNTON BCH FL 33436**

7. Name and Address of New Registered Agent

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, 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 | DT | <input type="checkbox"/> Delete |
| NAME | REX, RAYMOND R JR | |
| STREET ADDRESS | 3452 W BOYNTON BCH BLVD STE 10 | |
| CITY-ST-ZIP | BOYNTON BCH FL 33436 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | DONNA MCCABE | |
| STREET ADDRESS | 13883 WELLINGTON TR RD | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | EDWARD MCCABE | |
| STREET ADDRESS | 13833 WELLINGTON TR RD | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3452 W BOYNTON BCH BLVD, STE #10 | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3452 W BOYNTON BCH BLVD, STE #10 | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
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| 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:

REX, RAYMOND R JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)