

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011575

1. Entity Name

PAK RAK, INC.

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90077 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1350 SHEELER ROAD  
APOPKA FL 32703

P.O. BOX 1608  
WINDERMERE FL 34786-1608

637229



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 59-3491983

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

WOOD, PETER  
1350 SHEELER ROAD  
APOPKA FL 32703

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, 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 VSD ☐ Delete  
NAME WOOD, PETER  
STREET ADDRESS 1350 SHEELER ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE VSDT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 502 LAKE BRIDGE LANE #1618  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME BROWN, JOHN P  
STREET ADDRESS 1350 SHEELER ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☒ Change ☐ Addition  
NAME REBECCA MENEGAT  
STREET ADDRESS 1073 LOVE LANE  
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☒ Delete  
NAME ROCHE, LINDA  
STREET ADDRESS 1350 SHEELER ROAD  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Robert M. Mac...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00  
Date

407-886-3003  
Daytime Phone #

CR2E034 (9/99)