

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077016

1. Entity Name
ZIP-PAK, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90398 045 ***150.00

0037042

Principal Place of Business
3800 SABERTOOTH CIRCLE
GULF BREEZE FL 32561
US

Mailing Address
3800 SABERTOOTH CIRCLE
GULF BREEZE FL 32561
US

2. Principal Place of Business
3773 Bengal Rd.
Suite, Apt. #, etc.
Gulf Breeze, FL
City & State

3. Mailing Address
3773 Bengal Rd.
Suite, Apt. #, etc.
Gulf Breeze, FL
City & State



DO NOT WRITE IN THIS SPACE

Zip 32561 Country SANTA ROSA

Zip 32561 Country SANTA ROSA

4. FEI Number 59-3532350
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VASSER, JAMES
3800 SABERTOOTH CIRCLE
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3773 Bengal Rd.
City Gulf Breeze FL Zip Code 32561

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	D	<input type="checkbox"/> Delete
NAME	VASSER, JAMES	
STREET ADDRESS	3800 SABERTOOTH CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASSER, ANNE	
STREET ADDRESS	3800 SABERTOOTH CIRCLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3773 Bengal Rd. 9V	
STREET ADDRESS	Gulf Breeze, FL 32561	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3773 Bengal Rd. 9V	
STREET ADDRESS	Gulf Breeze, FL 32561	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (850) 934-7105
Date Daytime Phone #

CR2E034 (10/00)