

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90016 011 ***150.00

DOCUMENT # P98000091618

1. Entity Name

PACKER DESIGN, INC.

Principal Place of Business

3750 Coelebs Ave

Boynton Bch, FL 33436

Mailing Address

20 HANFORD LANE

NEW CANAAN, CT 06840

2. Principal Place of Business

3750 Coelebs Ave

Suite, Apt. #, etc.

3. Mailing Address

20 Hanford Lane

Suite, Apt. #, etc.

City & State

Boynton Bch FL

Zip

33436

Country

USA

City & State

New Canaan, CT

Zip

06840

Country

USA

4. FEI Number

65-0872323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACKER, KAREN E.
 20 HANFORD LANE
 NEW CANAAN, CT 06840

7. Name and Address of New Registered Agent

Name

Paul Metzker

Street Address (P.O. Box Number is Not Acceptable)

3750 Coelebs Ave

City

Boynton Beach

FL

Zip Code

33436

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

Paul Metzker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/29/00

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

TITLE	D	PACKER, KAREN E	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		20 HANFORD LANE	
CITY-ST-ZIP		NEW CANAAN, CT 06840	
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			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	PACKER, KAREN E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		20 Hanford Lane	
CITY-ST-ZIP		New Canaan, CT 06840	
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			
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:

James Elizabeth Packer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment
DH # 978000 9/6/18
P0067221

Packer Design, Inc.
3750 Coelebs Avenue
Boynton Beach, FL 33436

June 9, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Packer Design, Inc.

Dear Sir or Madam:

Enclosed please find Form 201.COR Profit A/R and check number 170 in the amount of \$150.00.

Packer Design, Inc. never received their notice of renewal for 2000. While requesting a copy of the above form, Packer Design, Inc. was also informed that no additional fees would incur, due to non-receipt of the original renewal form.