

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91201 041 ***150.00

DOCUMENT # P99000018499

1. Entity Name

PAC-MED, INC.



DO NOT WRITE IN THIS SPACE

20032126

2. Principal Place of Business

4322 Pet Lane

3. Mailing Address

4322 Pet Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-3559999

Applied For

Not Applicable

Zip

33559

Country

USA

Zip

33559

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jerry Flatt

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

4322 Pet Lane

City

Lutz

FL

Zip Code

33559

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

SD

NAME

JERRY FLATT

STREET ADDRESS

4322 Pet Lane

CITY - ST - ZIP

Lutz, FL 33559

TITLE

PD

NAME

Mary Elaine Flatt

STREET ADDRESS

4322 Pet Lane

CITY - ST - ZIP

Lutz, FL 33559

TITLE

TD

NAME

ROBERT E. DENNIS

STREET ADDRESS

4322 Pet Lane

CITY - ST - ZIP

Lutz, FL 33559

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

813-907-6000

Daytime Phone #

CR2E034B (12/02)