

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030181

1. Entity Name

PARACHUTE RIGGING INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90131 019 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8065 128TH COURT~~  
~~SEBASTIAN FL 32958~~

~~8065 128TH COURT~~  
~~SEBASTIAN FL 32958~~

2. Principal Place of Business

3800 SR 715

3. Mailing Address

11913 Shakerwood Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Pahokee, Florida

City & State  
Wellington FL 33414

4. FEI Number  
59-3567978

Applied For  
Not Applicable

Zip  
33476

Country

U.S.A.

Zip  
33414

Country

U.S.A.

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

MCCORMACK, AMY L  
~~8065 128TH COURT~~  
~~SEBASTIAN FL 32958~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
11913 Shakerwood Lane

City

Wellington

FL

Zip Code

33414

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

*Amy L. McCormack*

Jan. 21, 2000

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Amy L. Beliveau - McCormack	
STREET ADDRESS	11913 Shakerwood Lane	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Andrew McCormack	
STREET ADDRESS	11913 Shakerwood Lane	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Amy L. Beliveau - McCormack	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ANDREW MCCORMACK	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Amy L. Beliveau - McCormack*

Jan. 21, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy L. Beliveau - McCormack (301795454)

CR2E034 (9/99)