

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900003109.1

1. Entity Name

FULFILLMENT AMERICA INC.

Principal Place of Business

9690 W. SAMPLE RD.  
SUITE 203  
CORAL SPRINGS FL 33065

Mailing Address

9690 W. SAMPLE RD.  
SUITE 203  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIVERSIFIED BUSINESS CONCEPTS, INC.  
9690 W. SAMPLE RD.  
SUITE 203  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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, 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 DST  
NAME KAPLAN, JAN  
STREET ADDRESS 5605 NORTHWEST 29TH STREET  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE PD  
NAME PANGBURN, GREGORY A  
STREET ADDRESS 5605 NW 29TH ST  
CITY-ST-ZIP MARGATE FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST  
NAME KAPLAN, JAN  
STREET ADDRESS 9690 W. Sample Rd., Suite 203  
CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE PD  
NAME PANGBURN, GREGORY A  
STREET ADDRESS 9690 W. Sample Rd., Suite 203  
CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

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

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

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

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

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:

*Gregory A. Pangburn* President Gregory A. Pangburn

Date

4/3/01 954-344-4311

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0129684

CR2E034 (10/00)