

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

DOCUMENT # P99000041822

1. Entity Name
AMPACK INC.

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-31-2000 90036 040 ***150.00

Principal Place of Business
16433 GLASGOW DRIVE EAST
LOXAHATCHEE FL 33470

Mailing Address
16433 GLASGOW DRIVE EAST
LOXAHATCHEE FL 33470-4017

2. Principal Place of Business
16433 GLASGOW DRIVE EAST
LOXAHATCHEE FL 33470
Suite, Apt. # etc.

3. Mailing Address
P.O. Box 1107
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LOXAHATCHEE, FL
Zip
33470
Country
PALM BEACH

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LOXAHATCHEE, FL
Zip
33470
Country
PALM BEACH

4. FEI Number
65-0930908

Applied For
Not Applicable

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

WILLIAMS, OMAR
16433 GLASGOW DRIVE EAST
LOXAHATCHEE FL 33470

Name
WILLIAMS, OMAR
Street Address (P.O. Box Number is Not Acceptable)
16433 GLASGOW DR. EAST
City
LOXAHATCHEE FL Zip Code
33470

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

N/A

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	<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
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TITLE	<input type="checkbox"/> Delete
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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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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
OMAR K. WILLIAMS

Date
04.24.00 (16) 625-6872
Daytime Phone

CR2E(34 (9/99)