

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90009 036 ***550.00

DOCUMENT # P99000044884

1. Entity Name

X PACKET COMMUNICATIONS, INC.

Principal Place of Business

**1433 TIMBERCREST DR.
 DELTONA FL 32738**

Mailing Address

**1433 TIMBERCREST DR.
 DELTONA FL 32738**

2. Principal Place of Business

1305 N. Peninsula Ave
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 2067
 Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

New Smyrna Bch, FL

Zip

32169

Country

USA

Zip

32170

Country

USA

4. FEI Number

59-3578547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HEUSTESS, GRAY B
 1433 TIMBERCREST DR.
 DELTONA FL 32738**

Address change

7. Name and Address of New Registered Agent

Name
Heustess, Gray B.
 Street Address (P.O. Box Number is Not Acceptable)
1305 N. Peninsula Ave
 City
New Smyrna Bch FL Zip Code
32169

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

Gray B Heustess
Gray B Heustess
 President

9-11-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	HEUSTESS, GRAY B P	
STREET ADDRESS	1433 TIMBERCREST DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HEUSTESS, REGINA B VST	
STREET ADDRESS	1433 TIMBERCREST DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
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	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	1305 N. Peninsula Ave	
CITY-ST-ZIP	New Smyrna, Bch FL 32169	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	1305 N. Peninsula Ave	
CITY-ST-ZIP	New Smyrna, Bch FL 32169	
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:

Gray B Heustess
Gray B. Heustess, President **9-11-01** **904-409-0057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)