

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048721

1. Entity Name

PAK MAIL OF PGA, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90068 005 \*\*\*150.00

Principal Place of Business

7100-39 FAIRWAY DR.  
WEST PALM BEACH FL 33418

Mailing Address

3452 WEST BOYNTON BEACH BOULEVARD  
SUITE 10  
BOYNTON BEACH FL 33436

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0921626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REX, JR., RAYMOND R  
3452 W. BOYNTON BCH BLVD. , STE 10  
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

40 REX ACCT. SER, INC

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           | PTD                                | <input type="checkbox"/> Delete |
| NAME            | REX, RAYMOND R JR.                 |                                 |
| STREET ADDRESS  | 3452 WEST BOYNTON BEACH BOULEVARD  |                                 |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436             |                                 |
| TITLE           | SVD                                | <input type="checkbox"/> Delete |
| NAME            | MCCABE, EDWARD                     |                                 |
| STREET ADDRESS  | 3452 WEST BOYNTON BEACH BOULEVARD  |                                 |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436             |                                 |
| TITLE           | D                                  | <input type="checkbox"/> Delete |
| NAME            | MCCABE, DONNA                      |                                 |
| STREET ADDRESS  | 3452 W. BOYNTON BCH BLVD. , STE 10 |                                 |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436             |                                 |
| 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           |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | 40 REX ACCT SER INC |  |
| 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 |                     |  |
| 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

SA 732 8822

Daytime Phone #

CR2E034 (10/00)