

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072125

1. Entity Name

PACK N SHIP OF CLERMONT, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90115 019 \*\*\*150.00

Principal Place of Business

Mailing Address

WEST MINNEOLA AVENUE  
CLERMONT FL 34711

896 WEST MINNEOLA AVENUE  
CLERMONT FL 34711-2118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3629251

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GOVONI, BRIAN R  
141 5TH STREET, N.W.  
SUITE 100  
WINTER HAVEN FL 33881

Name  
**GOVONI, BRIAN R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 AVENUE A, NW, SUITE 102**  
City  
**WINTER HAVEN** **FL** Zip Code  
**33881-4626**

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 *Brian R Govoni*  
Signature, typed or printed name of registered agent and title if applicable

*Brian R Govoni*  
(NOTE: Registered Agent signature required when reinstating)

DATE  
*5/24/00*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPECK, ARTHUR</b> <b>896 WEST MINNEOLA AVENUE</b> <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ARTHUR SPECK*  
**ARTHUR SPECK**

Date

Daytime Phone #

*4/27/00*

*352-394-639*

CR2E034 (9/99)