

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05039

1. Entity Name

SSR INTERNATIONAL, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90128 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1233 NE 16TH AVE  
FT LAUDERDALE FL 33304

1919 GLYNN AVE  
BLDG 20  
BRUNSWICK GA 31520-6140  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0312370

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

DOVER, WILLIAM D ESQ.  
C/O NILES, DOBBINS & MEEKS -STE 400  
2601 E. OAKLAND PARK BLVD  
FT LAUDERDALE FL 33306

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, 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	PD	<input type="checkbox"/> Delete
NAME	PACKO, JOSEPH J.	
STREET ADDRESS	1233 NE 16TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PACKO, BETTE T	
STREET ADDRESS	1233 NE 16TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PACKO, MARK T	
STREET ADDRESS	1235 NE 16TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PACKO, JO ANNE	
STREET ADDRESS	119 COLONIAL DR	
CITY-ST-ZIP	ST SIMONS ISL GA 31522	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

912-262-0033

Daytime Phone #