

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05039

1. Entity Name

SSR INTERNATIONAL, INC.

FILED

May 09, 2001 8:00 am  
Secretary of State

05-09-2001 90003 017 \*\*\*150.00

Principal Place of Business

1233 NE 16TH AVE  
FT LAUDERDALE FL 33304

Mailing Address

1919 GLYNN AVE  
BLDG 20  
BRUNSWICK GA 31520  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0312370

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD PACKO, JOSEPH J. 1233 NE 16TH AVE FT LAUDERDALE FL 33304 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPT PACKO, BETTE T 1233 NE 16TH AVE FT LAUDERDALE FL 33304 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPS PACKO, MARK T 1235 NE 16TH AVE FT LAUDERDALE FL 33304 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP PACKO, JO ANNE 119 COLONIAL DR ST SIMONS ISL GA 31522 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP T/S 122 Harrison Pointe Dr. ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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

JO ANNE PACKO

Date

Daytime Phone #

CR2E034 (10/00)