

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90184 047 ***150.00

DOCUMENT # 398993

1. Entity Name
CORRUGATED PACKAGING, INC.

Principal Place of Business 1693 CATTLEMEN RD. SARASOTA FL 34232	Mailing Address 1683 CATTLEMEN RD. SARASOTA FL 34232
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1390887	Applied For	
		Not Applicable	

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, MARK
 240 N WASHINGTON BLVD
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name	Mark Siegel
Street Address (P.O. Box Number is Not Acceptable)	1683 Cattlemen Road
City	Sarasota FL 34232

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 Mark Siegel Mark Siegel 1/11/01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) 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	TD	<input type="checkbox"/> Delete
NAME	SIEGEL, RUTH LILA	
STREET ADDRESS	2228 ORIOLE DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, MARK	
STREET ADDRESS	5222 LANDINGS BLVD.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENBAUM, ANDREA	
STREET ADDRESS	38105 VIA FORTUNA	
CITY-ST-ZIP	PALM SPRINGS CA 92264	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIEGEL, NORMAN	
STREET ADDRESS	2228 ORIOLE DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COYLE, SANDRA	
STREET ADDRESS	1647 SHORELAND DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Mark Siegel Mark Siegel 1/11/01 941371-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)