

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90120 016 ***150.00

DOCUMENT # 822000

1. Entity Name

SMITH CONTAINER CORPORATION

Principal Place of Business

Mailing Address

260 SOUTHFIELD PKWY
 FOREST PARK GA ~~30297-5300~~
 US

PO BOX 1827
~~BOX 82566~~
 FOREST PARK GA 30298-1827
 US

30297-2520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0684254

Applied For

Not Applicable

Zip

Country

Zip

Country

30297-2520

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

Name

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

City

FL

Zip Code

~~LONG, MICHAEL J.~~

~~5910 BRECKENRIDGE PKWY~~

~~SUITE D~~

~~TAMPA FL 33687~~

201-B KELSEY LANE

TAMPA

33619

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STEINMARK, STUART, R	112 BOWLINE CIRCLE	ATLANTA GA	<input type="checkbox"/>
D	MOORE, WILLIAM L.	7956 WOODLAKE DR.	RIVERDALE GA	<input type="checkbox"/>
VD	SMITH, ANNE B	1232 PASADENA AVE NE	ATLANTA GA	<input checked="" type="checkbox"/>
VS	SMITH, MYRON L	1225 OLD WOODBINE RD NE	ATLANTA GA	<input type="checkbox"/>
PT	SMITH, HARRIS A	99 DUNWOODY SPRGS DR	ATLANTA GA	<input type="checkbox"/>
D	STEINMARK, PHYLLIS S.	112 BOWLINE CIRCLE	ATLANTA GA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart R. Steinmark
STUART R. STEINMARK

Date

Daytime Phone #

1/6/2000 (404) 363-1001