1/22/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
01-22-2001 90128 040 ***150.00

DOCUMENT # H12838

1. Entity Name
COMPLETE CONTAINER CORPORATION

Principal Place of Business	Mailing Address
C/O LIONEL E. LAGROW 744 STATE ROAD 621 EAST LAKE PLACID FL 33852	C/O LIONEL E. LAGROW 744 STATE ROAD 621 EAST LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O Ruth L. LaGrow	PO Box 1679
Suite, Apt. #, etc.	Suite, Apt. #, etc.
744 State Rd 621, East	C/O Ruth L. LaGrow
City & State	City & State
Lake Placid, Florida	Lake Placid, Florida
Zip / Country	Zip / Country
33852 / USA	33862 / USA

4. FEI Number 59-2426554 ☐ 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
LAGROW, LIONEL E. 744 STATE ROAD 621 EAST LAKE PLACID FL 33852	Name: Ruth L. LaGrow Street Address (P.O. Box Number is Not Acceptable): 744 State Rd 621, East City: Lake Placid FL Zip Code: 33852

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: Lionel LaGrow Ruth L. LaGrow 1-9-01
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	P LAGROW, RUTH L. 744 STATE ROAD 621 E. LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAGROW, LIONEL E. 200 WINDY POINT ROAD LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Kimberly D. Townsend 10962 Payne Road Sebring, Florida 33875	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Ruth L. LaGrow 1-9-01 863-465-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #