

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90882 031 ***150.00

DOCUMENT # 153251

1. Entity Name

CENTRAL PACKING CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

571 W. Kings Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 429

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Center Hill, FL

City & State

Center Hill, FL

4. FEI Number

59-0580456

Applied For

Not Applicable

Zip

33514

Country

USA

Zip

33514

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bryan, Thomas R

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

1973 CR 738

City

Webster

FL

Zip Code

33597

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Bryan, Thomas R
1973 CR 738
Webster, FL 33597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Bryan 4-29-02 (352) 793-3671

Date

Daytime Phone

CR2E034B (12/01)