

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327894

1. Entity Name
UNIVERSAL CONTAINER CORPORATION

Principal Place of Business

11805 STATE RD 54
BOX 547
ODESSA FL 33556-7547

Mailing Address

P.O. BOX 547
ODESSA FL 33556-7547

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 59-1210942

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

BISSELL, KENT
2929 264TH STREET
O BRIEN FL 32071

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, 2002 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 P
NAME BISSELL, KENT
STREET ADDRESS 2929 264TH STREET
CITY-ST-ZIP O BRIEN FL 32071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SALLS, WENDALL
STREET ADDRESS 5861 S.W. 103RD ST. RD.
CITY-ST-ZIP Ocala FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KIGGINS, ANTHONY
STREET ADDRESS 384 LENTZ ROAD
CITY-ST-ZIP BELLAIRE BLUFFS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THURY, PAT
STREET ADDRESS 211 SO. MANHATTAN
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/02 (127) 376-0036

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90151 011 ***158.75



DO NOT WRITE IN THIS SPACE

MIAMI AV

CR2E034 (9/01)