2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # 352790** 1. Entity Name MASTER CONTAINERS, INC. 01-26-2000 90045 008 ***150.00 Mailing Address Principal Place of Business 209 PHOSPHATE BLVD 209 PHOSPHATE BLVD P O BOX 586 P O BOX 586 MULBERRY FL 33860-0586 MULBERRY FL 33860 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1271641 الشياشينية Not A Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYONS, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 2115 BENFORD AVE LAKELAND FL 33803 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE LYONS, CLAYTON T. NAME 6675 TRAIL RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Delete TITLE NAME LYONS, THOMAS W. NAME STREET ADDRESS 2115 BENFORD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change Addition Detete TITLE LYONS, RICHARD C. NAME NAME STREET ADDRESS 6631 HAYTER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIG	N/	\T L	JR	E:

STREET ADDRESS

SIGNATURE AND TYPED OR PRIN (ED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Lyons, Pres. 1/19/00

863-425-5571

Daytime Phone #