

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 370474

1. Entity Name

UNI-PAK CORP.



Principal Place of Business

1015 N RONALD REAGAN BLVD.
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 522168
LONGWOOD FL 32752
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1302295

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

COUTANT, EDWARD A.
1033 TUSCANY PLACE
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	COUTANT, EDWARD A.	
STREET ADDRESS	1033 TUSCANY PLACE	
CITY- ST- ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	COUTANT, JEFFREY A.	
STREET ADDRESS	908 PARSON BROWN WAY	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COUTANT, STEPHEN J	
STREET ADDRESS	905 LAKEVIEW DRIVE	
CITY- ST- ZIP	WINTER PARK FL 32789	
TITLE	AVS	<input type="checkbox"/> Delete
NAME	COUTANT, DAVID E	
STREET ADDRESS	6630 ABERDEEN AVE.	
CITY- ST- ZIP	COCOA FL 32927	
TITLE	AV	<input type="checkbox"/> Delete
NAME	COUTANT, CHRISTOPHER T	
STREET ADDRESS	201 HOFFMAN COURT	
CITY- ST- ZIP	CAASELBERRY FL	
TITLE	AV	<input type="checkbox"/> Delete
NAME	MCCOLLEY, ROBERT W	
STREET ADDRESS	203 WAYERLY DR.	
CITY- ST- ZIP	FERN PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

UN0000278440
03/28/05-80026-006 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward A. Coutant

3/17/05

407/830-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #