

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 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



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000886023  
04/18/08-80038-007 300.00

**10. OFFICERS AND DIRECTORS**

TITLE	COB
NAME	COUTANT, EDWARD A.
STREET ADDRESS	1033 TUSCANY PLACE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	P
NAME	COUTANT, JEFFREY A.
STREET ADDRESS	908 PARSON BROWN WAY
CITY-ST-ZIP	LONGWOOD, FL
TITLE	VT
NAME	COUTANT, STEPHEN J
STREET ADDRESS	905 LAKEVIEW DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AVS
NAME	COUTANT, DAVID E
STREET ADDRESS	6630 ABERDEEN AVE.
CITY-ST-ZIP	COCOA, FL 32927
TITLE	AV
NAME	COUTANT, CHRISTOPHER T
STREET ADDRESS	201 HOFFMAN COURT
CITY-ST-ZIP	CAASELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 407-830-9200

Date

Daytime Phone #