

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398993

1. Entity Name

CORRUGATED PACKAGING, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90003 050 ***150.00

Principal Place of Business

Mailing Address

1683 CATTLEMEN RD.
SARASOTA FL 34232

1683 CATTLEMEN RD.
SARASOTA FL 34232-6232

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

59-1390887

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

SIEGEL, MARK
240 N WASHINGTON BLVD
SARASOTA FL 34236

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, 2000 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

TITLE TD
NAME SIEGEL, RUTH LILA
STREET ADDRESS 2228 ORIOLE DR
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE PD
NAME SIEGEL, MARK
STREET ADDRESS 5222 LANDINGS BLVD.
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE VD
NAME GREENBAUM, ANDREA
STREET ADDRESS 38105 VIA FORTUNA
CITY-ST-ZIP PALM SPRINGS CA 92264 ☐ Delete

TITLE CD
NAME SIEGEL, NORMAN
STREET ADDRESS 2228 ORIOLE DR
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE SD
NAME COYLE, SANDRA
STREET ADDRESS 1647 SHORELAND DR
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

NORMAN SIEGEL 01-27-00

Date

941 955 1483

Daytime Phone #