

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90026 002 ***150.00

7068600

DOCUMENT # 454113



1. Entity Name
A-B-C PACKAGING MACHINE CORPORATION

Principal Place of Business
**811 LIVE OAK ST.
TARPON SPRINGS FL 34689-4137
US**

Mailing Address
**811 LIVE OAK ST.
TARPON SPRINGS FL 34689-4137
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0781810**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEAL, JAMES L.
811 LIVE OAK ST
TARPON SPRINGS FL 34689**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	NEAL, JAMES L	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	REICHART, MICHAEL	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NEAL, AUDREY E.	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JURGENSEN, MICHAEL A	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHERT, DONALD	
STREET ADDRESS	811 LIVE OAK ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REICHERT, MARK	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	

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		

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

SIGNATURE: *Michael Reichart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/11/03** Daytime Phone #: **727-937-5144**

CR2E034 (10/02)