

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 508302

1. Entity Name

CSI CONTAINER SYSTEMS, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90219 012 \*\*\*750.00

Principal Place of Business

4528 N.W. 20TH TERRACE  
 GAINESVILLE FL 32605  
 US

Mailing Address

PO BOX 140278  
 GAINESVILLE FL 32614

2. Principal Place of Business

5512 SW 35TH WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1684777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COBLE, J. KERMIT  
 1025 VOLUSIA AVENUE  
 DAYTONA BEACH FL

7. Name and Address of New Registered Agent

Name

RALPH BUTTS JR

Street Address (P.O. Box Number is Not Acceptable)

5512 SW 35TH WAY

City

GAINESVILLE

FL

Zip Code

32601

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

*Ralph Butts Jr*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P BUTTS, RALPH E. JR. 4528 N.W. 20TH TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUTTS, KATHRYN P. 4528 N.W. 20TH TERRACE GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5512 SW 35TH WAY GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ralph Butts Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 352-378-4767  
 Date Daytime Phone #

CP2E034 (5/00)