

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560253

1. Entity Name

ST. LUCIE PAPER & PACKAGING, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90039 039 ***150.00

Principal Place of Business

414 AVENUE A
FT. PIERCE FL 34950
US

Mailing Address

PO BOX 3836
FT. PIERCE FL 34948
US

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 **59-1800648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON-SMITH, MICHAEL
414 AVENUE A
FORT PIERCE FL 34950

Name

Hamilton-Smith, Lucinda

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

414 Avenue A

City

Ft. Pierce

FL

Zip Code
34950

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 Lucinda Hamilton-Smith, President

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **HAMILTON-SMITH, MICHAEL**
STREET ADDRESS **414 AVENUE A**
CITY-ST-ZIP **FT PIERCE, FL 00000**

TITLE **PD** ☐ Change ☒ Addition
NAME **Hamilton-Smith, Lucinda**
STREET ADDRESS **414 Avenue A**
CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **ST** ☐ Delete
NAME **HAMILTON-SMITH, LUCINDA**
STREET ADDRESS **414 AVENUE A**
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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: Lucinda Hamilton-Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)