

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-21-2002 90168 023 ***150.00

DOCUMENT # 674057
 1. Entity Name
SPEC PACKAGING COMPANY, INCORPORATED

Principal Place of Business 3408 S. ORANGE AVENUE ORLANDO FL 32806	Mailing Address 3408 S. ORANGE AVENUE ORLANDO FL 32806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>1764 LOCKWOOD ST.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>ORLANDO FL</i>	4. FEI Number 59-2382088	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32812</i>	Country <i>U.S.A</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENTON, ROBERT J
1764 LOCKWOOD ST
ORLANDO FL 32812

7. Name and Address of New Registered Agent
 Name *GEORGIANE DENTON*
 Street Address (P.O. Box Number is Not Acceptable)
1764 LOCKWOOD STREET
 City *ORLANDO* FL Zip Code *32812*

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 *GEORGIANE DENTON* *Georgiane Denton* DATE *9-30-2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	V DENTON, ROBERT J. 1764 LOCKWOOD ST ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENTON, GEORGIANE 1764 LOCKWOOD ST ORLANDO FL <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
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *GEORGIANE DENTON* *Georgiane Denton* DATE *1-21-02* DAYTIME PHONE # *407-282-4415*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/01)