

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**

2. Principal Place of Business

3. Mailing Address

1764 LOCKWOOD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

4. FEI Number

59-2382088

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32812

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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**

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

Georgiane Denton

(NOTE: Registered Agent signature required when reinstating)

9-30-2001

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, 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 **V** ☒ Delete
 NAME **DENTON, ROBERT J.**
 STREET ADDRESS **1764 LOCKWOOD ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ Delete
 NAME **DENTON, GEORGIANE**
 STREET ADDRESS **1764 LOCKWOOD ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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NAME
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 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: **GEORGIANE DENTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

407-282-4415

Daytime Phone #

CFR2034 (9/01)