

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-06-2001 90268 021 ***550.00

DOCUMENT # 836118

1. Entity Name
PACKAGE SUPPLY & EQUIPMENT COMPANY INC.

Principal Place of Business 10121 LAKE LOUISA ROAD P O BOX 19021 CLERMONT FL 34711 US	Mailing Address P. O. BOX 19021 P O BOX 19021 GREENVILLE SC 29602-9021 US
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2. Principal Place of Business <i>6201 Hollow Pine Dr</i>	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>DuieDo FL</i>	City & State	4. FEI Number 57-0444453	Applied For Not Applicable
Zip <i>32765</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A. COLDE, PAT 10121-LAKE LOUISA ROAD CLERMONT FL 34711		7. Name and Address of New Registered Agent Name <i>Carlton White</i> Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hollow Pine Dr</i> City <i>DuieDo</i> FL Zip Code <i>32765</i>	
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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 *C White* (NOTE: Registered Agent signature required when reinstating) DATE *8-16-01*

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 12, 2001 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELS, GARY L C/O PERIMETER ROAD GREENVILLE SC 29605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, DONNA % PERIMETER RD GREENVILLE SC	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Marlie Stover</i> <i>70 Perimeter Rd</i> <i>Greenville SC 29605</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *[Signature]* **SIGNATURE REQUIRED** *8/16/01* *864-227-0900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)