2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 842882

1. Entity Name
UNITED BAG CORPORATION

Principal Place of Business	Mailing Address
C/O STANLEY A. MCDONALD 2430 SHADOWLAWN DR., #12 NAPLES, FL 34112	C/O STANLEY A. MCDONALD 2430 SHADOWLAWN DR., #12 NAPLES, FL 34112

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0221851
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, STANLEY A
2430 SHADOWLAWN DR., #12
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BAYER, EDWARD
STREET ADDRESS	36 BRIGHAM RD
CITY-ST-ZIP	S BURLINGTON, VT
TITLE	S
NAME	BAYER, BERNICE
STREET ADDRESS	36 BRIGHAM RD
CITY-ST-ZIP	S BURLINGTON, VT
TITLE	AS
NAME	MCDONALD,STANLEY A (AST)
STREET ADDRESS	2430 SHADOWLAWN DR., #12
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/04-80065-021 150.00

DO NOT WRITE IN THIS SPACE

12. *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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley A. McDonald Pres. Sec. APR 28 2004 239-775-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STANLEY A. MCDONALD