

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001408

1. Entity Name

~~TUBEX, INC.~~

TETRA PAK TUBEY INC.

W/C NOT Filled

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 043 ***150.00

0620864 AT

Principal Place of Business

INDUSTRIAL AIR PARK
P.O. BOX 1547
LOUISA VA 23093-1547

Mailing Address

INDUSTRIAL AIR PARK
P.O. BOX 1547
LOUISA VA 23093-1547

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

62-1344596

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCOTT, DAN H
INDUSTRIAL AIR PARK, P.O. BOX 1547
LOUISA VA 23093 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BENGTSON, JERRY
S-244 02 FURULUND
SWENDEN FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STRICHER, GERARD
S-244 02 FORULUND
SWEDEN FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
SWEDENTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
S-244 02 FURULUND
SWEDENTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN H. SCOTT/MANAGING DIRECTOR

12 MARCH 2002 540/967-0733

Date

Daytime Phone #

CR2E034 (9/01)