

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G84997

1. Entity Name

MAXPAK CORPORATION

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90043 010 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

2808 NEW TAMPA HWY

3. Mailing Address

2808 NEW TAMPA HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-2368507

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33815

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT J. MCBRIDE  
1738 CLARENDON PLACE  
LAKELAND, FL 33803

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

*SCOTT J. MCBRIDE*

VICE PRESIDENT

04/26/00

Signature of officer or director

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT K. BESWICK	
STREET ADDRESS	412 E BELVEDERE ST	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	SCOTT J. MCBRIDE	
STREET ADDRESS	1738 CLARENDON PLACE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JULIE MCBRIDE	
STREET ADDRESS	1738 CLARENDON PLACE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	RHONDA BESWICK	
STREET ADDRESS	412 E BELVEDERE ST	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*SCOTT J. MCBRIDE*

VICE PRESIDENT

04/26/00

(863) 682-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)