

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06006

1. Entity Name

SUPER PACK CHEMICAL CO., INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90016 032 ***150.00

Principal Place of Business

1560 NEIMEYER CIRCLE
PORT ST. LUCIE FL 34952

Mailing Address

1560 NEIMEYER CIRCLE
PORT ST. LUCIE FL 34952

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 **59-2663918**

Applied For

Not Applicable

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

SANGAS, PETER
1113 NW LOMBARDY
PT ST LUCIE FL 34986

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
P
SANGAS, PETER
1113 NW LOMBARDY DR
PT. ST. LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HENDERSON, DARRELL
1831 PALM CITY RD. C-601
STUART FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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:

Peter Sangas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/10/00*

Daytime Phone # *561.335.5527*

CR2E034 (5/00)

JO 6006

ADD 8081



THE SUPERPACK CHEMICAL COMPANY, INC.

1560 SE South Niemeyer Circle
Port St. Lucie, FL 34952
(561) 335-5537 • FAX (561) 335-0786



7-16-00

TO: Div of Corporation

DEAR SIR:

I DID NOT RECEIVE ANY NOTICE FOR
PAYMENT UNTIL 7-16-00. WHICH WAS LATEST AS
SECOND NOTICE. THIS WAS THE ONLY NOTICE THAT
I HAD RECEIVED. I CALLED 1-850-488-9444 AND
THEY TOLD ME TO SEND A LETTER + 15% NOC.

THANK YOU.

PETER SINGAS PM