561-335-5537

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

| DOCUMENT # J06006  1. Entity Name SUPER PACK CHEMICAL CO., INC. |                                                                                                                                                                                      |                                                                |                                       |                                                    | Secretary of State 07-18-2001 90004 034 ***150.00              |                                 |                 |  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------------------------------------------|----------------------------------------------------------------|---------------------------------|-----------------|--|
| Principal Place of Business Mailing Address                     |                                                                                                                                                                                      |                                                                |                                       |                                                    |                                                                |                                 |                 |  |
| 1580 NEIMEYER CIRCLE<br>PORT ST. LUCIE FL 34952                 |                                                                                                                                                                                      | 1560 NEIMEYER CIRCLE<br>PORT ST. LUCIE FL 34952                |                                       |                                                    | VANIATTI                                                       |                                 |                 |  |
|                                                                 |                                                                                                                                                                                      |                                                                |                                       |                                                    |                                                                |                                 |                 |  |
| 2. Principal Place of Business                                  |                                                                                                                                                                                      | 3. Mailing Address                                             |                                       |                                                    | T 1091518 BEIL 40114 BILLI BEILE POLEN BEIL A                  | MAN MININE MININE MININE MININE | 'IL MINII 19001 |  |
| Suite, Apt. #, etc.                                             |                                                                                                                                                                                      | Suite, Apt. #, etc.                                            |                                       |                                                    | DO NOT WRITE IN THIS SPACE                                     |                                 |                 |  |
| City & State                                                    |                                                                                                                                                                                      | City & State                                                   |                                       | 4.                                                 | FE! Number 59-2663918 Applied For Not Applicable               |                                 |                 |  |
| Zip Country                                                     |                                                                                                                                                                                      | Zip                                                            | Zip Country                           |                                                    | 5. Certificate of Status Desired S8.75 Additional Fee Required |                                 |                 |  |
|                                                                 | 6. Name and Address of Current R                                                                                                                                                     | egistered Agent                                                |                                       | 7.                                                 | Name and Address of New Registe                                |                                 |                 |  |
|                                                                 |                                                                                                                                                                                      |                                                                | Name                                  | Name                                               |                                                                |                                 |                 |  |
| SANGAS, PETER                                                   |                                                                                                                                                                                      |                                                                | Street A                              | Street Address (P.O. Box Number is Not Acceptable) |                                                                |                                 |                 |  |
| PT ST LUCIE FL 34986                                            |                                                                                                                                                                                      |                                                                |                                       |                                                    |                                                                |                                 |                 |  |
|                                                                 |                                                                                                                                                                                      |                                                                | City                                  |                                                    |                                                                | FL Zip Code                     | ,               |  |
| Tax filing r                                                    | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.                                               |                                                                |                                       | 00<br>e \$750.00                                   | 10. Election Campaign Financing Trust Fund Contribution.       | . —                             | O May Be        |  |
| 11.                                                             | OFFICERS AND E                                                                                                                                                                       | DIRECTORS                                                      | 12.                                   | Αſ                                                 | DDITIONS/CHANGES TO OFFICERS                                   | AND DIRECTORS                   | IN 11           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | P<br>SANGAS, PETER<br>1113 NW LOMBARDY DR<br>PT. ST. LUCIE FL 34986                                                                                                                  | ☐ Delete                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                    |                                                                | ☐ Change                        | Addition        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | VS<br>HENDERSON, DARRELL<br>1831 PALM CITY RD. C-601<br>STUART FL                                                                                                                    | ☐ Delete                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HENDE<br>S843                                      | Sur Mappi Rd.                                                  | ☐ Change                        | Addition .      |  |
| TITLE                                                           |                                                                                                                                                                                      | ☐ Delete                                                       | TITLE                                 |                                                    |                                                                | ☐ Change                        | ☐ Addition      |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |                                                                                                                                                                                      | ير مصديد المحاد المحادث                                        | STREET ADDRESS  CITY-ST-ZIP           | <del></del>                                        | <del> </del>                                                   | پيرسيد د مست.                   |                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | ``                                                                                                                                                                                   | ☐ Delete ·                                                     | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                    |                                                                | ☐ Change                        | ☐ Addition      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |                                                                                                                                                                                      | ☐ Delete                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                    |                                                                | ☐ Change                        | Addition        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |                                                                                                                                                                                      | ☐ Delete                                                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                    |                                                                | ☐ Change                        | ☐ Addition(     |  |
| indicated<br>of the cor                                         | certify that the information supplied with<br>if on this report or supplemental report is<br>reporation or the receiver or trustee empore,<br>or on an attachment with an address, w | true and accurate and that m<br>wered to execute this report a | v cianatura chall h                   | ave the same                                       | e legal ettect as it made under gath: t                        | hat I am an officer             | or airector     |  |



## THE SUPERPACK CHEMICAL COMPANY, INCAO

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

7/9/0.

To whom it may comein.

As per shone conversaline on 7-9-0. I told the person that this was the onf notice we see. I was told to make a chest for 1500 whiles en claract. That you

PETER SAUGOT - PARI Pela MUNI