

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J31551**1. Entity Name  
**MASTER PACKAGING, INC.****Principal Place of Business**P.O. BOX 13445 (33681)  
6932 SOUTH MANHATTAN AVENUE  
TAMPA FL  
336161829**Mailing Address**P.O. BOX 13445 (33681)  
6932 SOUTH MANHATTAN AVENUE  
TAMPA FL  
336161829**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2720836**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**TURKEL, RICHARD M.  
6932 SOUTH MANHATTAN AVENUE  
  
TAMPA FL  
33611**7. Name and Address of New Registered Agent**

Name

DINGLE GREGORY D

Street Address (P.O. Box Number is Not Acceptable)  
6932 SOUTH MANHATTAN AVENUECity  
TAMPA

FL

Zip Code  
33611

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 **GREGORY D. DINGLE****04/23/2001**

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	THOMPSON JOHN	
STREET ADDRESS	8949 MAGNOLIA CHASE CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS JAMES D	
STREET ADDRESS	920 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICKENSHEET, ROLLIE	
STREET ADDRESS	3705 TYSON	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DINGLE GREGORY D.	
STREET ADDRESS	7507 RUSTIC DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOCK, REINHARD L.	
STREET ADDRESS	2402 S. TRASK	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	TURKEL, RICHARD M.	
STREET ADDRESS	80 MARTINIQUE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURKEL BRIAN	
STREET ADDRESS	6932 S MANHATTAN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	CLO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ-SOLAR EDUARDO	
STREET ADDRESS	5005 W LAUREL STREET SUITE 209	
CITY-ST-ZIP	TAMPA FL	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOERING GLEN	
STREET ADDRESS	6932 S MANHATTAN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGLE GREGORY D	
STREET ADDRESS	7507 RUSTIC DRIVE	
CITY-ST-ZIP	TAMPA FL	

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: GREGORY D. DINGLE**

CAO

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)