

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90096 012 ***550.00

DOCUMENT # L86539

1. Entity Name
FLORIDA ENVELOPE COMPANY

Principal Place of Business

**301 ARTHUR CT
 BENSENVILLE IL**

Mailing Address

**301 ARTHUR CT
 BENSENVILLE IL**

2. Principal Place of Business

9208 Palm River Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 302

City & State

Tampa, FL

City & State

4. FEI Number

36-3725043

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 **DP** ☐ Delete
 NAME **BURGESS, HARLAN**
 STREET ADDRESS **301 ARTHUR CT**
 CITY-ST-ZIP **BENSENVILLE IL**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Kenneth Seroka**
 CITY-ST-ZIP **301 Arthur Court, Bensenville, IL 60106**

TITLE **VP** ☐ Delete
 NAME **ECKAUS, RICHARD**
 STREET ADDRESS **301 ARTHUR CT**
 CITY-ST-ZIP **BENSENVILLE IL**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **David Nickell**
 CITY-ST-ZIP **301 Arthur Court, Bensenville, IL 60106**

TITLE **ST** ☒ Delete
 NAME **THIES, DIONNE**
 STREET ADDRESS **301 ARTHUR COURT**
 CITY-ST-ZIP **BENSENVILLE IL**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Kenneth Seroka, Secretary 9/11/02 (630) 616-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)