

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000611

1. Entity Name

DUMA PACKAGING MACHINERY, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:00

Principal Place of Business  
1223 TALLEVAST RD.  
AIRPORT COMMERCE CENTER  
SARASOTA FL 34243

Mailing Address  
1223 TALLEVAST RD.  
AIRPORT COMMERCE CENTER  
SARASOTA FL 34243-3271

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 65-0758612

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUFORT, ROBERT C  
1223 TALLEVAST RD.  
AIRPORT COMMERCE CENTER  
SARASOTA FL 34243

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS DUFORT, ROBERT C  
CITY- ST- ZIP 1223 TALLEVAST RD.  
SARASOTA FL 34243 ☐ Delete

TITLE NAME ☐ Change ☐ Delete  
STREET ADDRESS 800003123498-4  
CITY- ST- ZIP -02/04/00-01004-005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Robert C. Dufort*

1-26-2000 941 36088