

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003008

1. Entity Name

POLYCORR CONTAINER L.L.C.

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90135 041 \*\*\*\*50.00

961709



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6800 SUEMAC PLACE  
JACKSONVILLE FL

Mailing Address

6800 SUEMAC PLACE  
JACKSONVILLE FL

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

59-3571073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, TIMOTHY W  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32207

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.

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM BUTTNER, EDWARD W IV 7800 BELFORT PARKWAY SUITE 165 JACKSONVILLE FL 32256	<input type="checkbox"/>		<input type="checkbox"/>
MGRM CROPPER, M S 199 GOVERNORS ROAD PONTE VEDRA BEACH FL 32982	<input type="checkbox"/>		<input type="checkbox"/>
MGRM POWELL, F C III 3947 BOULEVARD CENTER DRIVE JACKSONVILLE FL	<input type="checkbox"/>		<input type="checkbox"/>
MGRM VOLPE, TIMOTHY W 121 WEST FORSYTH STREET SUITE 900 JACKSONVILLE FL 32202	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E083 (9/01)

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:

*Ed Buttner*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #