

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001245 AT

DOCUMENT # **L99000005047**

1. Entity Name  
**UNITED CONTAINER, LLC**

00 MAY -2 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**%GUNSTER, YOAKLEY, VALDES-FAULI & STEWART  
500 EAST BROWARD BOULEVARD  
FT. LAUDERDALE FL 33394**

Mailing Address  
**%GUNSTER, YOAKLEY, VALDES-FAULI & STEWART  
500 EAST BROWARD BOULEVARD  
FT. LAUDERDALE FL 33394-3000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131-1897**

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**

**700003263967--9  
-05/23/00--01106--001  
\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
ANDREW TODD BULLOCK  
7868 REA ROAD, SUITE F344  
CHARLOTTE NC 28277** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
INGRAM, STEVEN  
5650 BROWN ROAD  
POWDER SPRINGS GA 30073** ☒ Delete *no longer employed*

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
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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

**ANDREW TODD BULLOCK**

Date

Daytime Phone #

**4-20-00 (35)376-6000**

CR2E083 (9/99)