

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032645 SP

**DOCUMENT # L99000005047**

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

FILED

01 MAY -3 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**6725 HIGHWAY 27 NORTH  
DAVENPORT FL 33837**

Mailing Address  
**6725 HIGHWAY 27 NORTH  
DAVENPORT FL 33837**

2. Principal Place of Business  
**Deland, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **99-3592743** **APPLIED FOR**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**A. TODD BULLOCK  
6725 HIGHWAY 27 NORTH  
DAVENPORT FL 33837**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

DATE **500004323696-1**

**FILE NO WILL FEE IS \$50.00**

**Make Check Payable to Department of State**

**-05/25/01--01076--002**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDREW TODD BULLOCK 7868 REA ROAD, SUITE F344 CHARLOTTE NC 28277</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ANDREW TODD BULLOCK 2922 SQUOYAH DR Haines City, FL 33834</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/5/01**

Daytime Phone # **863-420-2823**

CR2E083 (11/00)