

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90274 047 ****50.00

DOCUMENT # M00000001419

1. Entity Name
CORRUGATED CONCEPTS, LLC

Principal Place of Business
3779 NORTHEAST 33RD STREET
OCALA FL 34479

Mailing Address
3779 NORTHEAST 33RD STREET
OCALA FL 34479

2. Principal Place of Business
3870 NE 33rd St.
 Suite, Apt. #, etc.

3. Mailing Address
3870 NE 33rd St.
 Suite, Apt. #, etc.

City & State
Ocala FL
 Zip
34479
 Country
USA

City & State
Ocala FL
 Zip
34479
 Country
USA

4. FEI Number **35-2111259**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CATABIA, JAMES
3779 NORTHEAST 33RD STREET
OCALA FL 34479

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SCHWARZ PARTNERS, L.P.**
 STREET ADDRESS **7225 WOODLAND DRIVE, SUITE 200**
 CITY-ST-ZIP **INDIANAPOLIS IN 46278**

TITLE **P** ☐ Delete
 NAME **CATABIA, JAMES**
 STREET ADDRESS **3779 NORTHEAST 33RD STREET**
 CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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: *Jennifer Catabia* **SIGNATURE REQUIRED** *Jennifer Catabia/controller 4/29/02 401-9000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)