

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90081 011 ****50.00

DOCUMENT # M00000001419

1. Entity Name

CORRUGATED CONCEPTS, LLC



Principal Place of Business

**3870 NE 33RD ST
OCALA FL 34479**

Mailing Address

**3870 NE 33RD ST
OCALA FL 34479**

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 **35-2111259**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



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

Name

Catabia, James

Street Address (P.O. Box Number is Not Acceptable)

3870 NE 33rd St

City

Ocala

FL

Zip Code

34480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Change ☐ Addition
NAME **James Catabia**
STREET ADDRESS **4325 SE 24 Terrace**
CITY-ST-ZIP **Ocala FL 34480**

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

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

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

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: *[Signature]*

SIGNATURE REQUIRED

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

4/28/03 (352)401-9000

Date

Daytime Phone #

0064361

CR2E083 (10/02)