

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90160 033 \*\*\*\*50.00

**DOCUMENT # M01000001085**

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

Principal Place of Business 1825A CROSS BEAM DR. CHARLOTTE NC 28217	Mailing Address 1825A CROSS BEAM DR. CHARLOTTE NC 28217
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>56-2251592</b>	<b>APPLIED FOR</b>	Applied For
		Not Applicable

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

**PERRY, ARTHUR JR.**  
**2381 GUY N. VERGER BLVD.**  
**TAMPA FL 33605**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Member	
STREET ADDRESS		Jason C. Kocan	
CITY-ST-ZIP		2312 Kingsbury Dr	
		Charlotte, NC 28205	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Arthur Perry	
STREET ADDRESS		16 Davis Blvd, Apt. P	
CITY-ST-ZIP		Tampa, FL 33606	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		David Kocan	
STREET ADDRESS		3517 Brentwood Dr	
CITY-ST-ZIP		Grastonia, NC 28056	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jason C. Kocan* SIGNATURE REQUIRED 7/30/02 704-423-9300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)