

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # M80986**1. Entity Name
GENERAL COMMERCIAL PACKAGING, INC.Principal Place of Business
815 S MAIN ST
600
JACKSONVILLE FL 32207
Mailing Address
P.O. BOX 48088
JACKSONVILLE FL 32247

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

59-2893140

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPRICE, ROBERT J.
815 S MAIN ST
600
JACKSONVILLE FL 32207**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

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	DUROSS, H. ROBERT	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUDDATH, STEPHEN M.	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STRICKLAND, BARBARA S.	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	PRICE, ROBERT J.	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BELL, A. QUINN	
STREET ADDRESS	815 S MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHN, BARRY S.		
STREET ADDRESS	815 S MAIN ST		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUDDATH, STEPHEN M.		
STREET ADDRESS	815 S MAIN ST		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND, BARBARA S.		
STREET ADDRESS	815 S MAIN ST		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	DTV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRICE, ROBERT J.		
STREET ADDRESS	815 S MAIN ST		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, A. QUINN		
STREET ADDRESS	815 S MAIN ST		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PRICE**V****04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)