

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-25-2002 90006 047 ****50.00

DOCUMENT # M94000000167

1. Entity Name

ESSEX PLASTICS MIDWEST, LLC, L.C.

Principal Place of Business

**1105 VISCO DRIVE
 NASHVILLE TN 37210**

Mailing Address

**P.O. BOX 2308
 POMPANO BCH FL 33061**

86407

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 **59-3273183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ESSEX PLASTICS, INC.
 1531 N.W. 12TH AVENUE
 POMPANO BEACH FL 33069**

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO** ☐ Delete
 NAME **STEVENSON, BRIAN**
 STREET ADDRESS **1531 N.W. 12TH AVENUE**
 CITY-ST-ZIP **POMPANO BEACH FL 33069-1730**

TITLE **COO** ☐ Delete
 NAME **STRANDBERG, ED**
 STREET ADDRESS **1531 N.W. 12TH AVENUE**
 CITY-ST-ZIP **POMPANO BEACH FL 33069-1730**

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 **CFO** ☐ Change ☒ Addition
 NAME **DAVE SCHAEFER**
 STREET ADDRESS **1531 NW 12th Ave**
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **COO** ☒ Change ☐ Addition
 NAME **STRANBERG, ED**
 STREET ADDRESS **1531 NW 12th Ave**
 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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

Date

Daytime Phone #

CR2E083 (9/01)