2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAR 10 AM 10:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M94000000167

1. Entity Name
ESSEX PLASTICS MIDWEST, LLC, L.C.

Principal Place of Business	Mailing Address
1105 VISCO DRIVE NASHVILLE, TN 37210	P.O.BOX 2308 POMPANO BCH, FL 33061

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1531 NW 12th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip: 33069 / 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	7. Name and Address of New Registered Agent
ESSEX PLASTICS, INC. 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 33069	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Jeff Pontious Acct. Mngr. DATE 2/26/03
Signature, type 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO STEVENSON, BRIAN 1631 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STRANDBERG, ED 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHAEFER, DAVE 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400013737304 03/10/03--01012--021 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ Jeff Pontious Acct. Mngr. 2/26/03 (954)956-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #