

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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	
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

FILED

2003 MAR 10 AM 10:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

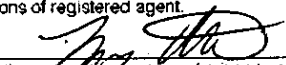


☒ CHECK HERE IF MAKING CHANGES

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. Mgr.** DATE **2/26/03**

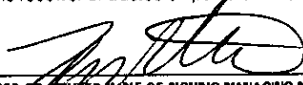
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when submitting)

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 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRANDBERG, ED 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, DAVE 1531 N.W. 12TH AVENUE POMPANO BEACH, FL 330691730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400013737804 03/10/03--01012--021 ☒ Change ☐ Addition	**50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

2/26/03
Date

(954) 956-1179
Daytime Phone #

CR2E083 (10/02)