FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 22, 2001 8:00 am Secretary of State P00000055464 DOCUMENT # 1. Entity Name 04-09-2001 90071 020 \*\*\*150.00 FLORIDA CONTAINER CORPORATION Principal Place of Business Mailing Address 3795 S. SANFORD AVENUE 4447 W. KINZIE STREET SANFORD FL 32773 CHICAGO IL 60624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4376372 Not Applicable Zip Country Country Zip , \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CZARKOWSKI, FRANK -- ----Street Address (P.O. Box Number is Not Acceptable) 3795 S. SANFORD AVENUE SANFORD FL 32773 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President ☐ Addition TITLE ☐ Delete TITLE Change Frank Czarkowski NAME NAME STREET ADDRESS STREET ADDRESS 2250 E. 198th Street CITY-ST-7IP CITY-ST-ZIP Lynwood, IL 60411 TITLE Vice Président Delete TITLE Change ☐ Addition NAME John Purta NAME STREET ADDRESS STREET ADDRESS 5011 E. Lake Shore Drive CITY-ST-ZIP CITY-ST-7IP Wonder Lake, IL 60097 Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dither like propowered.

SIGNATURE:

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13. I nereby certify that the information supplied with this filling 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.

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SIGNATURE:

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Od. 02, 01773-626-381