

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90483 047 ***150.00

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1. Entity Name
VAL-PAK OF NORTH FLORIDA, INC.



Principal Place of Business
5745 SW 75TH STREET
#226
GAINESVILLE FL 32608

Mailing Address
5745 SW 75TH STREET
#226
GAINESVILLE FL 32608



☐ CHECK HERE IF MAKING CHANGES

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 59-3665512

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOXX, DANIEL
6990 NW 57TH AVE.
OCALA FL 34482

Name FOXX, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
5745 SW 75th Street.
#226.
City GAINESVILLE FL 32608

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 Daniel Foxx Vice President. Daniel Foxx 2/24/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME FOXX, DANIEL ☐ Delete
STREET ADDRESS 8902 SW. 113TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE Vice President, Secretary, Director. ☒ Change ☐ Addition
NAME Foxx, Daniel
STREET ADDRESS 6404 SW 84th TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE SD
NAME DANIEL, FOXX ☒ Delete
STREET ADDRESS 8902 SW 113TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME ACTION, HENRY C ☒ Delete
STREET ADDRESS 6990 NW 57TH AVE.
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President, Director. ☐ Change ☒ Addition
NAME Foxx, LYNN
STREET ADDRESS 6404 SW 84th TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Daniel Foxx 2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)