

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90058 043 \*\*\*150.00

**DOCUMENT # P00000109351****1. Entity Name /**  
**TOTAL PACKAGING SYSTEMS, INC.****Principal Place of Business****6054 PARK ST.**  
**JACKSONVILLE FL 32205****Mailing Address****P. O. BOX 61205**  
**JACKSONVILLE FL 32236-1205****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number 59-3684213**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****WRIGHT, LONNIE L**  
**6054 PARK ST.**  
**JACKSONVILLE FL 32205****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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDCS	TITLE	
NAME	WRIGHT, LONNIE L	NAME	
STREET ADDRESS	6054 PARK ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	
TITLE	VC	TITLE	
NAME	WRIGHT, BETTIE W	NAME	
STREET ADDRESS	6054 PARK ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	WRIGHT, LONNIE L	NAME	
STREET ADDRESS	6054 PARK ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)