

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90029 006 \*\*\*150.00

**DOCUMENT # P0000011177**

1. Entity Name

**U S BEVERAGE PACKING, INC.**

Principal Place of Business

Mailing Address

**22715 WILLOW LAKES DRIVE  
 LUTZ FL 33549**

**22715 WILLOW LAKES DRIVE  
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

**4100 S. FRONTAGE ROAD**

**P.O. Box 3628**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND, FL**

City & State

**LAKELAND, FL**

4. FEI Number

**59-3685579**

Applied For

Not Applicable

Zip

**33815**

Country

**USA**

Zip

**33802**

Country

**USA**

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

**LEFLOCH, EUGENE  
 400 N. TAMPA STREET #2625  
 TAMPA FL 33602**

Name

**ANDY FISH**

Street Address (P.O. Box Number is Not Acceptable)

**22715 WILLOW LAKE DR.**

City

**LUTZ, FL**

FL

Zip Code

**33549**

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 **ANDY FISH, PRESIDENT, DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-01**

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, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	DR. ABRAHAM JOSEPH	
STREET ADDRESS	4100 S. FRONTAGE ROAD	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	JOHN P. CHAMBERS	
STREET ADDRESS	4100 S. FRONTAGE ROAD	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**ANDY FISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

**863-686-1173**

Daytime Phone #

CR2E034 (10/00)