J689994

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Apr 09, 2003

DOCUMENT #

P02000093913

1. Entity Name

PACKAGING CONCEPT CONSULTING, INC.

FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90157 046 ***150.00

| | | | | OD WE | | | | | | |
|---|---|---------------------|--|--|-------------------|--|--------------|--|---|---|
| Principal Plac | ce of Business | Mailing | g Address | _ | | | | | | |
| 2895 164TH A | AVENUE N. | 2895 | 164TH AVENUE N. | | | | | | | |
| CLEARWATER | R FL 33760 | CLEAF | RWATER FL 33760 | | | | | | | |
| | | | | | | | | | | |
| O Dissipal S | No (Dec | <u> </u> | | | | | | | | |
| 2. Principal P | Place of Business | 3. Maii | ing Address | | | | | | 11985 1111 1881 | |
| Suite, Apt. | # etc | Suite | e, Apt. #, etc. | | | | | | | |
| Suite, Apt. | . 1 , G.G. | Suite | s, Apr. #, etc. | | | ☐ CHECK HERE IF | MAKING C | CHANGES | | |
| City & Stat | te | City | & State | | 4. | FEI Number | | TA | plied For | ٦ |
| Sily a state | | | | | " | 58-2387413 | • | | ot Applicable | 1 |
| Zip | Country | Zip | | Country | | | ¢ | 8.75 Add | ditional | ٦ |
| | | | | | 5. | Certificate of Status Desired | | e Require | | |
| | 6. Name and Address of Current | t Registere | d Agent " | | | Name and Address of New Rec | jistered Ag | ent | |]- |
| | | | | Name | | • | | | | 1 |
| DORIEKA, | , John Peter | | | Street Add | dress (P.O. E | Box Number is Not Acceptable) | | | | 1 |
| 2895 1641 | TH AVENUE N. | | | | | | | | | ╛ |
| CLEARWA | ATER FL 33760 | | | | | | | | | |
| | • | | | City | | | FL | Zip Cod | | ┪ |
| | | | | | | | | | | |
| | e named entity submits this statement for tions of registered agent. | or the purpo | ose of changing its reg | istered office or re | egistered ac | gent, or both, in the State of Florid | da. I am far | niliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | t and title if app! | icable. (NOTE: Re | gistered Agent signature | e required when r | einstating) | DATE | | | |
| F | ILE NOW!!! FEE IS \$150.00 | | | | | | | | | 7 |
| | | 1 | | | | | | | _ | 1 |
| After | r May 1, 2003 Fee will be \$550.00 | | | | | 9. Election Campaign Finar | ~ — | | May Be | |
| After | | of State | | | | Election Campaign Finar Trust Fund Contribution. | ncing | | 0 May Be I to Fees | |
| After | r May 1, 2003 Fee will be \$550.00 | | as . | 11. | AI | , | | Addec | I to Fees | |
| After Make Check | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND | | RS Delete | 11. TITLE | AI. | Trust Fund Contribution. | ERS AND D | Addec | I to Fees | 100 |
| After Make Check 10. | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND D DOREIKA, JOHN PETER | | | <u> </u> | ΑΙ | Trust Fund Contribution. | ERS AND D | Added | I to Fees S IN 11 | (00/07) |
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| After Make Check 10. TITLE NAME | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND D DOREIKA, JOHN PETER | | | TITLE NAME | Aſ | Trust Fund Contribution. | ERS AND D | Added | I to Fees S IN 11 | 700/04/ 700/00/ |
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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 receives 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/17/03 (727) 507-3565

Daytime Phone #

☐ Change

☐ Addition

CH2E034 (10/0