

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91490 020 ***150.00

DOCUMENT # P93000056022

1. Entity Name
CHRIS-MATIC PACKAGING & CHEMICALS, INC.



Principal Place of Business
116 E GRANADA BLVD.
ORMOND BEACH FL 32176

Mailing Address
116 E GRANADA BLVD
ORMOND BCH. FL 32176
US

2. Principal Place of Business
1024 N. U.S. 1.
Suite, Apt. #, etc.

3. Mailing Address
1024 N. U.S. 1.
Suite, Apt. #, etc.

City & State
Ormond Beach, FL.

City & State
Ormond Beach, FL.

4. FEI Number **59-3239339**

Applied For
Not Applicable

Zip **32174** **Country** **USA**

Zip **32174** **Country** **USA**

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

6. Name and Address of Current Registered Agent

FERRITTO, RICHARD W
1380 ALEUT LANE
ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **FERRITTO, RICHARD W**
STREET ADDRESS **1380 ALEUT LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ **Delete**
NAME **SWEET, JEFFREY C**
STREET ADDRESS **149 BROADWAY**
CITY-ST-ZIP **DAYTONA BEACH FL 32174**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Ferritto **4/24/03** **386-677-0809**

CR2E034 (10/02)