

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071986

1. Entity Name
PACKAGING EQUIPMENT SPECIALISTS, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90010 016 ***550.00

0122821 AT

Principal Place of Business
3705 CENTURY BLVD
UNIT 4
LAKELAND FL 33811
US

Mailing Address
3705 CENTURY BLVD
UNIT 4
LAKELAND FL 33811
US

80063785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3705 CENTURY Blvd
Suite, Apt. #, etc.
7
City & State
Lakeland, FL.
Zip
33811
Country
USA

3. Mailing Address
3705 CENTURY Blvd
Suite, Apt. #, etc.
7
City & State
Lakeland, FL.
Zip
33811
Country
USA

4. FEI Number 65-0442307
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, PHILIP H
101 FLORIDA AVE S
LAKELAND FL 33801

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST BROWN, DOUGLAS R 222 MARCUM TRACE DR LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, JOSEPH M 2926 FORRESTGREEN DR. SOUTH LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, JANET P 222 MARCUM TRACE DR. LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: Douglas R Brown 8-29-2001 (863) 644-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)