

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082361

1. Entity Name

TECHNICAL PACKAGING OF CENTRAL FLORIDA, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90012 041 \*\*\*550.00

Principal Place of Business

Mailing Address

~~114 S. LAWSONA BLVD.~~  
~~ORLANDO FL 32801~~  
~~US~~

BOX 561313  
ORLANDO FL 32856-1313  
US

**A0067210**

2. Principal Place of Business

3. Mailing Address

817 APPLETON AVE

Suite, Apt. #, etc.

OR

City & State

ORLANDO, FL.

4. FEI Number

59-3218225

Applied For

Not Applicable

City & State

32806-

Country

Zip

32806-7101

Country

ORANGE

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

GARMON, JOHN R

114 S. LAWSONA BLVD.  
ORLANDO FL 32801

817 APPLETON AVE.  
ORLANDO, FL - 32806

Name

JOHN R. GARMON

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

817 APPLETON AVE

City

ORLANDO

FL

Zip Code

32806

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

*John R. Garmon*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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 PS ☐ Delete  
NAME GARMON, NANCY LEE  
STREET ADDRESS 114 S. LAWSONA BLVD. 817 APPLETON AVE  
CITY-ST-ZIP ORLANDO FL 32801 ORLANDO, FL - 32806

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

TITLE VT ☐ Delete  
NAME GARMON, JOHN R.  
STREET ADDRESS 817 APPLETON AVE  
CITY-ST-ZIP ORLANDO, FL 32806

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*SEYMOUR GARMON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 (407) 859-2370  
Date Daytime Phone #