

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063021

1. Entity Name

C & L PACKAGING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90148 009 ***150.00

Principal Place of Business

Mailing Address

3534 NW 40 TERR
GAINESVILLE FL 32606

3534 NW 40 TERR
GAINESVILLE FL 32606-6193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32608

USA

4. FEI Number

59-3276557

Applied For

Not Applicable

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

THOMPSON, WAYNE
4222 SW 80 STREET
GAINESVILLE FL 32608

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

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 \$150.00
After MAY 1, 2000 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 | PO | <input type="checkbox"/> Delete |
| NAME | THOMPSON, WAYNE | |
| STREET ADDRESS | 3534 NW 40TH TERR | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | SO | <input type="checkbox"/> Delete |
| NAME | THOMPSON, JUDITH S | |
| STREET ADDRESS | 4222 SW 80 STREET | |
| CITY-ST-ZIP | GAINESVILLE 32608 | |
| TITLE | VPO | <input type="checkbox"/> Delete |
| NAME | THOMPSON, JUDITH S | |
| STREET ADDRESS | 4222 SW 80 STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | TO | <input type="checkbox"/> Delete |
| NAME | THOMPSON, WAYNE | |
| STREET ADDRESS | 4222 SW 80 STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 an other like empowered.

SIGNATURE: Wayne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

352-377-3111

Daytime Phone #

CR2E034 (9/99)