2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **P94000086556** PAK-RITE CONTAINER OF SOUTHWEST FLORIDA, INC. 01-21-2000 90063 031 ***150.00 Principal Place of Business Mailing Address 10980 ENTERPRISE AVENUE 10980 ENTERPRISE AVENUE **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135-6863 804020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0540701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRIBBY, ALFRED G JR. Street Address (P.O. Box Number is Not Acceptable) 10980 ENTERPRISE AVENUE **BONITA SPRINGS FL 34135** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE TRIBBY, ALFRED G JR. NAME NAME 10980 ENTERPRISE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** न्द्र हैं ☐ Delete ☐ Change ☐ Addition TITLE TRIBBY, CYNTHIA M NAME STREET ADDRESS 10980 ENTERPRISE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** ☐ Change Delete -TITLE Addition TITLE PAROZ, ROGER C NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 67 N/A CITY-ST-ZIP CITY-ST-ZIP **BROOKFIELD OH 44403** ☐ Change ☐ Addition □ Delete TITLE TITLE **GREG POWELL** NAME NAME 1160 PALMETTO DR. STREET ADDRESS STREET ADDRESS HUBBARD OH CITY-ST-ZIP CITY-ST-ZIP 1 - JOA VILLERON W Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

941 992 2897

Change

☐ Addition