

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000658

1. Entity Name

CRAMPAC, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90007 049 ***550.00

Principal Place of Business

20100 SALTS DALE RD.
UMATILLA FL 32784

Mailing Address

20100 SALTS DALE RD.
UMATILLA FL 32784

2. Principal Place of Business

same as above

3. Mailing Address

37123 N. C.R. 44A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EUSTIS FL

Zip

Country

Zip

Country

32736

USA

4. FEI Number

59-3301200

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

CLEMENT, G E
308 E. 5TH AVE.
MT. DORA FL 32757

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 \$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	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
	D	VANDERHOOF, FRANK	20100 SALTS DALE RD. UMATILLA FL 32784	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	VANDERHOOF, ROSE	20100 SALTS DALE RD. UMATILLA FL 32784	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MOUSADI, ALEXIS	37123 WEST C.R. 44A EUSTIS FL 32726	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00
Date

352 669 3813
Daytime Phone #

CR2E034 (5/00)