2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035678 (8)

1. Entity Name

Packaging Specialists, Inc.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90203 031 ***150.00

Principal Place of Business | Mailing Address

U U 2 U 2 U

2. Principal Place of Business		3. Mailing Address	
1831 Cimarron Trail		P.O. Box 3101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Grapevine, Texas		City & State: Grapevine, Texas	
Zip: 76051	Country: Tarrant	Zip: 76099	Country: Tarrant

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3313649 — 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
	Name: Lisa Nemeroff
	Street Address (P.O. Box Number is Not Acceptable): 280 Salmon Court
	City: Palm Bay FL Zip Code: 32907

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: Lisa Nemeroff — DATE: 03/15/00

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Susan Schirer 1831 Cimarron Trail Grapevine, Texas 76051 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Schirer Change of Address ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Susan Schirer — Susan Schirer — Date: 03/15/00 — Daytime Phone #: 817-329-3390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR