

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064681

1. Entity Name

APEX PACKAGING, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90041 034 ***150.00

Principal Place of Business

3811 UNIVERSITY BLVD WEST.. #1
JACKSONVILLE FL 32207

Mailing Address

3922 DEMERY DRIVE WEST
JACKSONVILLE BEACH FL 32250-1915

CHANGE OF ADDRESS

714467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9855 Morning Drive
Suite, Apt. #, etc.
#204

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3500869

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

DUVAL

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

GRANT, GREGORY

3922 DEMERY DRIVE WEST
JACKSONVILLE BEACH FL 32250

Name

GREGORY GRANT

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

12936 BEARPAW PLACE

City

JACKSONVILLE

FL

Zip Code

32246-4104

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 date 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 PD
NAME GRANT, GREGORY
STREET ADDRESS 3922 DEMERY DRIVE W.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS 12936 BEARPAW PLACE
CITY-ST-ZIP JACKSONVILLE FL 32246-4104

☒ Change ☐ Addition

TITLE VPD
NAME STODDARD, JOYCE
STREET ADDRESS 440 MORNING GLORY LANE N.
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)