

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064681

1. Entity Name

APEX PACKAGING, INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90031 030 ***150.00

Principal Place of Business

Mailing Address

9855 MINING DR
#204
JACKSONVILLE FL 32257

9855 MINING DR
#204
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

9855 MINING DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

City & State

City & State

JACKSONVILLE, FL

Zip
32257

Country
USA

Zip

Country

4. FEI Number 59-3500869

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

GRANT, GREGORY
12936 BEARPAW PL
JACKSONVILLE FL 32246-4104

Name

SAME

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, 2001 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
PD
GRANT, GREGORY
12936 BEARPAW PL
JACKSONVILLE FL 32246-4104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG GRANT

1/31/01

904-880-9011

Date

Daytime Phone #

CR2E034 (10/00)