## **2001 UNIFORM BUSINESS REPORT (UBR)**

| 2001   | I UNIFORM BUSIN  | IESS REPOF  | RT (UBI                                 | R)                        |  | ILED   |  |  |
|--|--|---|---|---------------------------|--|--|--|--|
| DÖCUMENT # <b>P9700050027</b>  |  |   |   | <u></u>                   | Jul 31, 2001 8:00 am<br>Secretary of State |  |  |  |
| 1. Entity Nam<br>ALLIED P  | ackaging, inc.   |   | (                                       | $q$                       |  | 90007 025 ***150.0                                     |  |  |
| Principal Place<br>2705 RIVERSIO<br>TAMPA FL 336   | DE DRIVE   | Mailing Address<br>2705 RIVERSIDE DRIVE<br>TAMPA FL 33801   | (6                                      |                           |  | 314 <b>1</b> 161 DEKU <b>3</b> 181 AKU <b>31</b> 61 BE |  |  |
| 2. Principal Place of Business  3. Mailing Address  3. Walling Address  4. 705 N Ruger  5. Walling Address  5. Walling Address  5. Walling Address  6. Walling Address  8. Walling Address  9. Walling Address |  |   |   | SIDE DE DO NOT WRITE IN T |  |  | <b>i</b> 19 <b>0</b> )   1 <b>90</b> }   1 <b>90</b> |  |
| City & Stat  |  | City & State F1   |   |                           | 4. FEI Number 59-3451                      | 262 <del></del>  | Applied For<br>Not Applicable                        |  |
| 33602  | Gountry /  | Zip<br>33602-1032 /   | Country<br>Villsborg                    | nua l                     | 5. Certificate of Status Desi              | red S8.75 A  |  |  |
|  | 6. Name and Address of Current Re  | gistered Agent  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>~_</u>                 | 7. Name and Address of N                   |  |  |  |
| 343 ALME   | VYER CHARTERED RIA AVENUE  |   | Street A                                | ddress (F                 | P.O. Box Number is Not Accep               | otable)  |  |  |
| CORAL G  | ABLES FL 33134   |   | City                                    |                           | <del> </del>                               | FL Zip Co  | de   |  |
| 8. The above   | named entity submits this statement for the  |   | gistered office o                       |                           |  | of Florida.  |  |  |
| Tax filing i   | oration is eligible to satisfy its Intangible requirement and elects to do so. The control of th | FILE NOW!!!<br>After September 12, 2<br>Make Check Payable  | 2001 Fee will b                         | e \$750.0                 | i inisi tuna Canin                         |  | 00 May Be<br>ed to Fees                              |  |
| 11.  | OFFICERS AND DIF   | RECTORS   | 12.                                     |                           | ADDITIONS/CHANGES TO                       | OFFICERS AND DIRECTO                                   | RS IN 11   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>BORBOLLA, DENNIS N<br>2705 RIVERSIDE DRIVE<br>TAMPA FL 33601   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | '                         | TNER.                                      | ₩ Change   | ☐ Addition   |  |
| TITLE  | STD  | ☐ Delete  | TITLE                                   | PAR                       | TNER                                       | <b>⊠</b> Change  | ☐ Addition   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITONE, ROSE Y<br>2705 RIVERSIDE DRIVE<br>TAMPA FL 33601   | ,   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 270                       | SM RIVERSI                                 | 06 DR  |  |  |
| TITLE<br>NAME  |  | ☐ Delete  | TITLE<br>NAME                           |                           | <u> </u>                                   | Change   | Addition   |  |
| STREET ADDRESS:<br>CITY-ST-ZIP   |  | ter oughante i continue i i i i jui et i                    | STREET ADDRESS<br>CITY-ST-ZIP           |                           |  | ·-   | ~ -  |  |
| TITLE<br>NAME  |  | ☐ Delete  | TITLE<br>NAME                           |                           |  | ☐ Change   | ☐ Addition   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   | STREET ADDRESS<br>CITY-ST-ZIP           |                           |  |  |  |  |
| TITLE  | -  | ☐ Delete  | TITLE<br>NAME                           |                           |  | Change   | Addition   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | •   | STREET ADDRESS<br>CITY-ST-ZIP           |                           |  |  |  |  |
| TITLE<br>NAME  |  | ☐ Delete  | TITLE<br>NAME                           |                           | <del>-</del>                               | ☐ Change   | ☐ Addition   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | ,  |   | STREET ADDRESS<br>CITY-ST-ZIP           |                           |  |  |  |  |
| indicated<br>of the cor  | certify that the information supplied with thi<br>on this report or supplemental report is tru<br>poration or the receiver or trustee empowe<br>or on an attachment with an address, with  | e and accurate and that my<br>red to execute this report as | signature shall h                       | ave the s                 | ame legal effect as if made ur             | nder oath; that I am an office                         | er or director                                       |  |

attachment # P970000 50027 B000027

ALLIED PACKAGING, INC. 2705 N RIVERSIDE DR TAMPA, FL 33602

JULY 23, 2001

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P. O. BOX 1500 TALLAHASSEE, FL 32302-1500

## GENTLEMEN:

PLEASE BE ADVISED THAT WE NEVER RECEIVED YOUR 2001 UNIFORM BUSINESS REPORT FORM TO FILE IN THE EARLIER PART OF THIS YEAR. UPON RECEIPT OF THE FORM-WE CALLED YOUR OFFICE AND SPOKE TO YOUR REPRESENTATIVE, ANDY, WHO ADVISED ME TO WRITE A SHORT NOTE ADVISING THAT FORMS-WERE NEVER RECEIVED AND TO MAIL A CHECK FOR \$150.00. CHECK #637 FOR \$150.00 DATED JULY 23, 2001 ENCLOSED.

AS PER ANDY'S SUGGESTION WE HAVE ALSO MARKED OUR CALENDAR 2002 TO MAKE SURE YOUR FORMS ARE RECEIVED NO LATER THEN MARCH, 2002. THANK YOU.

SINCERELY,

ALLIED PACKAGING, INC.

**ROSE TITONE** 

**ENCLOSURE**