:	=		
	i		
	ı	į	

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008816

INTER CON PACKAGING, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90013 009 ***150.00

			_ 									
Principal Place of Business Mailin			Mailing Address									
6623 FAIRWAY COVE DRIVE ORLANDO FL 32835			6623 FAIRWAY COVE DRIVE ORLANDO FL 32835-5745									
2. Principal Place of Business		- ;	3. Mailing Address									
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NO	T WRITE	IN THIS	SPACE	
City & Stat	City & State		City & State			4. FEI Number 59-3485542					Applied For	
- · · -							4. FEI Number 59-348554		55542			Not Armin
Zip	Country	}	Zip	Cour	itry	ĺ	5. C	ertificate of Status De	sired		\$8.75 Fee Requ	Additional uired
	6. Name and Address of Cur	rent Reg	gistered Agent				7. N	ame and Address of	New Reg	istered	Agent	
					Name							
6623	esmeyer, John B Fairway Cove Drive Ando Fl 32835				Street A	ddress (P.	O. Bo	x Number is Not Acce	eptable)		_ -	
Ond	1100 I <u>j</u> e 02000				City				-	FL	Zip C	Code
8. The above	named entity submits this stateme	nt for the	e purpose of changing its	register	ed office or	registere	d age	nt, or both, in the State	e of Florid	 da.		
SIGNATURE .	Signature, typed or printed name of registered a	agent and t	tie if applicable. (NOT	E: Registere	ed Agent signat	ure required w	vhen rein	nstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intanç equirement and elects to do so.	_	FILE NOW! After MAY 1, 20	00 Fee	will be \$5	50.00		10. Election Campa	-	-		5.00 May Be
(See criter		i	Make Check Payab		epartmen	t of State						
11.	OFFICERS A	AND DIR		12.		,	_ADE	DITIONS/CHANGES T	O OFFIC	ERS AN		
TITLE NAME	EBBESMEYER, JOHN		☐ Delete	TITL		1					Chang	ge 🔲 Additior
STREET ADDRESS	6623 FAIRWAY COVE DRIVE				EET ADDRESS	l						
CITY-ST-ZIP	ORLANDO FL 32835			CITY	-ST-ZIP	l						
TITLE			☐ Delete	TITL	E	}					☐ Chang	ge 🔲 Addition
NAME CERTET ADORECE	ı			NAM		<u> </u>						_
STREET ADDRESS CITY-ST-ZIP			ست. بیرید : « « بیرید بیرید : « « بیرید » « « بیری		EET ADDRESS _ '- ST- ZIP			, <u>.</u>	- •			
TITLE		_	☐ Delete	TITL							☐ Chang	ge 🔲 Addition
NAME				NAM		1						
STREET ADDRESS CITY-ST-ZIP				ı	ET ADDRESS -ST-ZIP	Į						
						<u> </u>						- Constitue
TITLE NAME			☐ Delete	I TITL		}					Chang	ge 🔲 Additior
STREET ADDRESS	Ti-				ET ADDRESS	(
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITL	E						☐ Chang	ge 🔲 Addition
Name				. NAM		<u> </u>						
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				╼	-ST-ZIP	 -						
TITLE NAME	· 		☐ Delete	TITL		i I					Chang	ge 🔲 Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
13. I hereby o	certify that the information supplied	with this	filing does not qualify for	_ــــ		ted in Sec	tion 1	19.07(3)(i), Florida Sta	tutes. I fo	urther ce.	rtify that th	e information
indicated	on this report or supplemental repo	ort is tru	e and accurate and that n	nv signa	ture shall h	ave the sa	ime le	gal effect as if made u	ınder oat	th: that i	am an offic	er 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 AND THREE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR