

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010462

1. Entity Name

PRO-FLEX PACKAGING, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90113 042 ***158.75

Principal Place of Business

Mailing Address

10783 SATELLITE BLVD.
ORLANDO FL 32837

10783 SATELLITE BLVD.
ORLANDO FL 32837-8422

2. Principal Place of Business

3. Mailing Address

3561 Satellite Blvd

3561 Satellite Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 315

Unit 315

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Zip

32837

32837

Country

Country

Orange

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARMA, SATISH
10783 SATELLITE BLVD.
ORLANDO FL 32837

Name

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, 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 ☐ Delete
NAME DPT
STREET ADDRESS SHARMA, SATISH
CITY-ST-ZIP 3956 TOWN CENTER BLVD.,STE.371
ORLANDO FL 32837

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

TITLE ☐ Delete
NAME DVPS
STREET ADDRESS DOREY, MARK
CITY-ST-ZIP 10783 SATELLITE BLVD.
ORLANDO FL 32837

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Mark Dorey

4-14-00

Date

Daytime Phone #

CR2E034 (9/99)