

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058688**

1. Entity Name

TECHNICAL CONTAINER CORP.**FILED**
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90131 040 ***150.00

Principal Place of Business

Mailing Address

3949 EVANS AVENUE #301B
FORT MYERS FL 33901**3949 EVANS AVENUE #301B**
FORT MYERS FL 33901-9344

2. Principal Place of Business

3949 Evans Avenue

3. Mailing Address

3949 Evans Avenue

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

13-2020675-
65-0905579

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA5. 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

HIGGINS, DAVID**3949 EVANS AVENUE #301B**
FORT MYERS FL 33901

Name

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

3949 Evans Avenue**Suite 302**

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 State10. 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 **P** ☐ Delete
NAME **CARAYON, JEAN CLAUDE**
STREET ADDRESS **1-3 RUE DE LA POTERIE B.P. 232**
CITY-ST-ZIP **ST DENIZ FRANCE 93523**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **GIBSON, CHARLES 1**
STREET ADDRESS **940 VIA FORMIA**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GALLY, FRANCIS**
STREET ADDRESS **1-3 RUE DE LA POTERIE B.P. 232**
CITY-ST-ZIP **93523 ST DENIX CEDEX FRANCE**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PILLIARD, JEAN LOUIS**
STREET ADDRESS **34 RUE DU DOCTEUR BLANCHE**
CITY-ST-ZIP **75016 PARIS FRANCE**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)