

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90147 009 ***150.00

DOCUMENT # P98000058688

1. Entity Name
TECHNICAL CONTAINER CORP.



Principal Place of Business
**3949 EVANS AVENUE #302
FORT MYERS FL 33901**

Mailing Address
**3949 EVANS AVENUE #302
FORT MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0905579**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HIGGINS, DAVID
3949 EVANS AVENUE #302
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARAYON, JEAN CLAUDE	
STREET ADDRESS	1-3 RUE DE LA POTERIE B.P. 232	
CITY-ST-ZIP	ST DENIZ FRANCE 93523	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIBSON, CHARLES 1	
STREET ADDRESS	940 VIA FORMIA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLY, FRANCIS	
STREET ADDRESS	1-3 RUE DE LA POTERIE B.P. 232	
CITY-ST-ZIP	93523 ST DENIX CEDEX FRANCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILLIARD, JEAN LOUIS	
STREET ADDRESS	34 RUE DU DOCTEUR BLANCHE	
CITY-ST-ZIP	75016 PARIS FRANCE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES I GIBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles I Gibson

1-24-03

941-637-0343

Date

Daytime Phone #

CR2E034 (10/02)