

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90119 025 ***150.00

DOCUMENT # P98000069711

1. Entity Name

CUSTOM CORRUGATED, INC.

Principal Place of Business

Mailing Address

~~10937 JUAREZ DR~~
~~RIVERVIEW FL 33569~~
 US

P.O. BOX 380755
 PORT CHARLOTTE FL 33938-0755
 US

B0096425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2083 Broad Ranch Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

4. FEI Number

59-3528569

Applied For

Not Applicable

5. 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

POLLARD, DONNA J

~~10937 JUAREZ DRIVE~~
~~RIVERVIEW FL 33569~~

Name

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

2083 Broad Ranch Dr.

City

Port Charlotte

FL

Zip Code

33948

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, 2002 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 **P** ☐ Delete
 NAME **POLLARD, DONNA J**
 STREET ADDRESS ~~10937 JUAREZ DR~~
 CITY-ST-ZIP ~~RIVERVIEW FL 33569~~

TITLE ☐ Change ☐ Addition
 NAME **2083 Broad Ranch Dr.**
 STREET ADDRESS **Port Charlotte, FL 33948**

TITLE **S** ☐ Delete
 NAME **POLLARD, RON**
 STREET ADDRESS ~~10937 JUAREZ DR~~
 CITY-ST-ZIP ~~RIVERVIEW FL 33569~~

TITLE ☐ Change ☐ Addition
 NAME **2083 Broad Ranch Dr.**
 STREET ADDRESS **Port Charlotte, FL 33948**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-15-02 1941-629-8028

CR2E034 (9/01)