FILED
Jul 16, 2003 8:00 am
Secretary of State
07-16-2003 90043 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069711

1. Entity Name
CUSTOM CORRUGATED, INC.

Principal Place of Business	Mailing Address
2083 BROAD RANCH DRIVE PORT CHARLOTTE FL 33948 US	P.O. BOX 380755 PORT CHARLOTTE FL 33938-0755 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2300 Tamiami Trail	
Suite, Apt. #, etc. #12	Suite, Apt. #, etc.
City & State Port Charlotte FL.	City & State
Zip 33952 Country USA	Zip Country

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 2083 BROAD RANCH DRIVE PORT CHARLOTTE FL 33948	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 Donna J Pollard 4/28/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLARD, DONNA J 2083 BROAD RANCH DRIVE PORT CHARLOTTE FL 33948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLARD, RON 2083 BROAD RANCH DRIVE PORT CHARLOTTE FL 33948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (1/02)

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: Donna J Pollard 4/28/03 941-629-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tarpon Coast NATIONAL BANK

Batch Number: 30010

Attachment

80131334

P980000069711

CUSTOM CORRUGATED, INC. 98-26
PO BOX 380755
MURDOCK, FL 33938-0755
PH. (941) 629-8028

TARPON COAST NATIONAL BANK
PORT CHARLOTTE, FL 33948
63-1437/670

2699

4/29/2003

PAY TO THE ORDER OF *Florida Department of Revenue $ **150.00

One Hundred Fifty and 00/100********** DOLLARS

*State of Florida
Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0120

030373834 1697 0356 14 05-19-03

MEMO

[redacted]

05/19/2003 2699 $150.00

[illegible]

BANK OF AMERICA, NA JAX
[illegible]
67402[illegible]

FLA. DEPT. OF REVENUE TOTAL