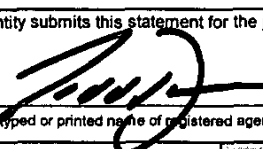
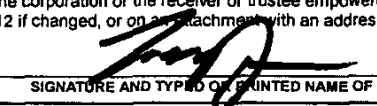


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -13 PM 3:26

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000095743			
1. Entity Name			
UNITED CORRUGATED INDUSTRIES, INC.			
Principal Place of Business		Mailing Address	
6725 HIGHWAY 27 NORTH DAVENPORT FL 33837		6725 Highway 27 North Davenport FL 33837	
2. Principal Place of Business		3. Mailing Address	
6725 Highway 27. North		6725 Highway 27 North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Davenport, FL		Davenport, FL	
Zip	Country	Zip	Country
33837	USA	33837	USA
4. FEI Number		Applied For	
65-0896856		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Attaway, John R. 20899 Avenel Run Boca Raton, FL 33482		Name Todd Bullock Street Address (P.O. Box Number is Not Acceptable) 6725 Highway 27 North PO Box 3259 City Davenport FL Zip Code 33836	
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  DATE 11/21/00			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director NAME Attaway, John Rush, Jr. STREET ADDRESS 20899 Avenel Run CITY - ST - ZIP Boca Raton, FL 33482	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Andrew Todd Bullock STREET ADDRESS 6725 Highway 27 North CITY - ST - ZIP Davenport, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		11-03-00 863-420-2823	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/99)

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12/20/00-01045-002
750-00750-00

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