2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900030107 1. Entity Name

FILED May 11, 2000 8:00 am

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOPPAND BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOPPAND BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TACKSONVILLE, FL 32204	FLORIDA CONTRACT PACKAGING, INC.					Secretary of State 05-11-2000 90355 001 ***600.00			
Suite, Apt. 8, note. DO NOT WRITE IN THIS SPACE	1604 STOCKTO	N ST.	1604 STOCKTON ST.	1604 STOCKTON ST.					
Second S	2210	N.W. 15th AVE.							
S. Certificate of Status Desired Sea Status Desired Sea Pequired 6. Name and Address of Current Registered Agent POUCHER, ALLEN L.J.R. 320 EAST ADAMS ST. JACKSONVILLE FL 32202 City FL Zip Code 8. The above narry of critisy submits, mis stategment for the purpose of chapging its graitefred office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE STORE ADAMS ST. 1. This corporation is eligible to satisfy its intangible After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Make POUCHER, ALLEN L.J.R. STREET ADDRESS CITY ST-2P TILE MAKE	DomPA	O BEACH FLORIS				FEI Number 65-091590h	<u> </u>		
Name and Address of New Registered Agent Name and Address of New Registered Agent Name				Zip Country		5. Certificate of Status Desired \$8.75 Additional			
POUCHER, ALLEN L JR. 320 EAST ADAMS ST. JACKSONVILLE FL 32202 City FL Zip Code 8. The above narget epity submits his statement for the purpose of chapging its registered affice or registered agent, or both, in the State of Florida. Signature Signature Signature required when related agent and statement of the florida and statemen		6. Name and Address of Currer	nt Registered Agent	·		7. Name and Address of New Registered Agent			
8. The above named entity submits his statement for the purpose of chapping its gristered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or period were of defined agent with a first produce agent agent where restations agent produce agent	320 EAST ADAMS ST.								
SIGNATURE Signature, typed or printed rearre of indicated agent purifies if Lock Tighter Registered Agent signature required when reinstrating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) PO CHECK RAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME POUCHER, ALLEN L JR. 320 EAST ADAMS ST. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE DELET NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE DELET NAME STREET ADDRESS CITY-ST-2IP TITLE DELET TITLE DELET NAME STREET ADDRESS CITY-ST-2IP TITLE DELET TITLE DELET TITLE DELET NAME STREET ADDRESS CITY-ST-2IP TITLE DELET TITLE DELET TITLE DELET TITLE DELET NAME STREET ADDRESS CITY-ST-2IP TITLE DELET THOMAS SUSAN CROUSE SUSAN C				City		FL Zip Code			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Tax filing r	equirement and elects to do so.	After MAY 1, 200	After MAY 1, 2000 Fee will be \$550.00					
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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	T/D THOMA	s S. DEAN Stockton St.	Change	Addition	
TITLE 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied w		NAME STREET ADDRESS CITY-ST-ZIP	D RDBET 1604 S Jacks	RT RUSSELL Stockton St. ONVILLE, FL 322	□ Change	☐ Addition	

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.