

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030107

1. Entity Name

FLORIDA CONTRACT PACKAGING, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90355 001 ***600.00

Principal Place of Business

1604 STOCKTON ST.
JACKSONVILLE FL 32204

Mailing Address

1604 STOCKTON ST.
JACKSONVILLE FL 32204-4524

2. Principal Place of Business

2210 N.W. 15th AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, Florida

City & State

4. FEI Number

65-0915906

Applied For

Not Applicable

Zip

33069

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POUCHER, ALLEN L JR.
320 EAST ADAMS ST.
JACKSONVILLE FL 32202

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.

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, 2000 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

TITLE	D	POUCHER, ALLEN L JR.	<input type="checkbox"/> Delete
NAME		320 EAST ADAMS ST.	
STREET ADDRESS		JACKSONVILLE FL 32202	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P/D	BRAD QUILLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2210 N.W. 15th AVE	
STREET ADDRESS		POMPANO BEACH, FL 33069	
CITY-ST-ZIP			
TITLE	V/D	DENA QUILLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2210 N.W. 15th AVE	
STREET ADDRESS		POMPANO BEACH, FL 33069	
CITY-ST-ZIP			
TITLE	S/D	SUSAN CROUSE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1604 STOCKTON ST.	
STREET ADDRESS		JACKSONVILLE, FL 32204	
CITY-ST-ZIP			
TITLE	T/D	THOMAS S. DEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1604 STOCKTON ST.	
STREET ADDRESS		JACKSONVILLE, FL 32204	
CITY-ST-ZIP			
TITLE	D	ROBERT RUSSELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1604 STOCKTON ST.	
STREET ADDRESS		JACKSONVILLE, FL 32204	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. DEAN 4/24/00 904-384-3666

Date

Daytime Phone #

CR2F034 (9/99)