

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030107

1. Entity Name
FLORIDA CONTRACT PACKAGING, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91056 001 ***450.00

Principal Place of Business
2210 NW 15TH AVE
POMPANO BEACH FL 33069

Mailing Address
1604 STOCKTON ST.
JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0915906**

Applied For

Not Applicable

Zip Country

Zip Country

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

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

Name **William R. Roberts**
Street Address (P.O. Box Number is Not Acceptable)
1604 Stockton St.
City **Jacksonville** FL Zip Code **32204**

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 **William R. Roberts** **William R. Roberts** DATE **3/17/01**
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. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	POUCHER, ALLEN L JR.	
STREET ADDRESS	320 EAST ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	QUILLEN, BRAD	
STREET ADDRESS	2210 NW 15TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUILLEN, DENA	
STREET ADDRESS	2210 NW 15TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CROUSE, SUSAN	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAN, THOMAS S	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, ROBERT	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY F. DEAN, III	
STREET ADDRESS	1604 STOCKTON ST.	
CITY-ST-ZIP	JAX, FL 32204	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARENCE Ashby DEAN	
STREET ADDRESS	1604 STOCKTON ST.	
CITY-ST-ZIP	JAX, FL 32204	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN AINSWORTH	
STREET ADDRESS	1604 STOCKTON ST.	
CITY-ST-ZIP	JAX, FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS D.S. DEAN	
STREET ADDRESS	1604 STOCKTON ST.	
CITY-ST-ZIP	JAX, FL 32204	
TITLE	DST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William R. Roberts	
STREET ADDRESS	1604 STOCKTON ST.	
CITY-ST-ZIP	JAX, FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK T. Roberts	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JAX, FL 32204	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **William R. Roberts** **William R. Roberts** DATE **3/17/01** 904-384-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)