

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90165 043 ***150.00

DOCUMENT # P99000030107

1. Entity Name

FLORIDA CONTRACT PACKAGING, INC.



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

1604 Stockton St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32204

Country

US

Country

4. FEI Number

65-0915906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBERTS, WILLIAM R
1604 STOCKTON STREET
JACKSONVILLE FL 32204

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William R. Roberts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/2003
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEAN, HENRY E III	
STREET ADDRESS	1604 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, CLARENCE ASHBY	
STREET ADDRESS	1604 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AIMSWORTH, ALAN	
STREET ADDRESS	1604 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, WILLIAMS R	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, THOMAS S	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, WILLIAM R	
STREET ADDRESS	1604 STOCKTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, HENRY E. III	
STREET ADDRESS	1604 Stockton Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: HENRY E. DEAN III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2003

Date

904-384-3666

Daytime Phone

1125034 (10/02)