## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **V06660** 1. Entity Name CENTRAL CARTON & FINISHING COMPANY, INC. 04-25-2000 90064 030 \*\*\*150.00 Mailing Address Principal Place of Business 543 BROOKHAVEN DR. 543 BROOKHAVEN DR. ORLANDO FL 32803 ORLANDO-FL-32803-2502-3. Mailing Address 2. Principal Place of Business # Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3105785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLVEY, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 1300 SUZANNE WAY LONGWOOD FL 32779 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition Change TITLE ☐ Delete TITLE OLVEY, DOUGLAS A NAME 1300 SUZANNE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Addition vpšīd ☐ Change Delete TITLE TITLE OLVEY, CORINNE I NAME NAME 1300 SUZANNE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7EP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of an attaghment with an address, with all other like empowered.

CR2E034 (9/99