2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V43010 DOCUMENT

1. Entity Name

PHOENIX PACKAGING, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90120 031 ***150.00

	ace of Business SINGHAM RD 34644		Mailing Address 14100 WALSINGHAM RD SUITE 36 LARGO FL 34644					1811 8811 81811 818		1 210 11 610 11 1 0 01			
2. Principal	Place of Busine	ess	3. Mailing Address			1 10211 011							
Suite, Apr	t. #, etc.	<u> </u>	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State			4. FEI Number 59-3127432 Applied For Not Applicable					_		
Zip Country			Zip				5. Certificate of Status Desired S8.75 Additional Fee Required				iditional		
	6. Name a	and Address of Current	Registered Ag	jent			7. Name and A	ddress of New F	legistered Ac	ent		┪	
RAYBURI	n, laura j.						Name						
7	YSHORE BLV	D		Stree			Address (P.O. Box Number is Not Acceptable)						
. DUNEDIN	I FL 34698	•										1	
(•	-				Cit	-			FL	Zip Cod		1	
the obligate		submits this statement for ed agent. printed name of registered agent		<u> </u>		signature required		In the State of Fig	DATE	niliar with,	and accept		
Afte Make Checi	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/CH	IANGES TO OFF	CERS AND D	IRECTOR	S IN 11	7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, S 14100 WAL LARGO FL	SINGHAM RD #36	[□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP] Change	Addition	(00)01) 100	
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TITLE NAME				☐ Delete	TITLE] Change	Addition	ĺ	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP