

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000093727

**Entity Name:** SOUTHEAST PACKAGING AND SOLUTIONS, INC.

**Current Principal Place of Business:**

450 STATE ROAD 13N  
SUITE 106 PMB 117  
SAINT JOHNS , FL 32259

**Current Mailing Address:**

450 STATE ROAD 13N  
SUITE 106 PMB 117  
SAINT JOHNS , FL 32259 US

**FEI Number:** 82-3712486

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LILES GAVIN, P.A.  
301 WEST BAY STREET  
SUITE 1030  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name CHAMBERS, TOM  
Address 450 STATE ROAD 13N  
SUITE 106 PMB 117  
City-State-Zip: SAINT JOHNS FL 32259

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM CHAMBERS

**OWNER**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date