

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004552

1. Entity Name

LABEL-PACK PRINTING AND DESIGN INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90222 016 ****61.25

Principal Place of Business

Mailing Address

1086 FOREST LAKES DR #302
 NAPLES FL 34105
 US

1086 FOREST LAKES DR #302
 NAPLES FL 34105-6200
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0643801

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

BEKLE, ALFRED E
 1086 FOREST LAKES DR
 #302
 NAPLES FL 34105

*PLEASE CORRECT
 SPELLING*

Name

BELISLE, ALFRED E

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BELISLE, ALFRED E	
STREET ADDRESS	1086 FOREST LAKES DR #302	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELISLE, MARGARET A	
STREET ADDRESS	1086 FOREST LAKES DR #302	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, CHERIE	
STREET ADDRESS	209 MOSHER RD	
CITY-ST-ZIP	GORAM ME 04038	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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:

ALFRED E BELISLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

941-649-5459

Daytime Phone #

CR2E037 (9/99)