

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90225 018 \*\*\*158.75

**DOCUMENT # S48945**

1. Entity Name

**NOPEC COPORATION**

Principal Place of Business

1248 GEORGE JENKINS BLVD  
 LAKELAND FL 33806  
 US

Mailing Address

P.O. DRAWER 2868  
 LAKELAND FL 33806

**00050883**



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

**59-3060453**

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

**LOWE, MAX**  
 1248 GEORGE JENKINS BLVD  
 LAKELAND FL 33815

Name

**JOE FUNARO**

Street Address (P.O. Box Number is Not Acceptable)

**538 FAITH CIRCLE**

City

**MAITLAND**

FL

Zip Code

**32751**

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

*Joseph F. Funaro*

**JOSEPH F. FUNARO**

**4/30/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D POWERS, RICHARD M.</b>	<b>6003 IRBY LANE W</b>	<b>LAKELAND FL 33811</b>	<input type="checkbox"/>
	<b>D JOHNSON, MALLORY</b>	<b>707 CARPENTERS WAY #43</b>	<b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D JOE FUNARO</b>	<b>538 FAITH CIRCLE</b>	<b>MAITLAND, FL 32751</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D JAMSS YOUNG</b>	<b>219 WRANGLEWOOD DR.</b>	<b>W. PALM BEACH, FL 33414</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

*JOE FUNARO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

DATE

**407-645-2326**

Daytime Phone #

CR2E034 (10/00)