CR2E034 (9/01);

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State P01000095513 DOCUMENT # 1. Entity Name 04-15-2002 90046 013 ***150 00 ATPAC TRADING CO. Principal Place of Business Mailing Address 4870 13TH LANE 4870 13TH LANE VERO BCH FL 32966 VERO BCH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3752010 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIMES, RICHARD L JR. Street Address (P.O. Box Number is Not Acceptable) 4870 13TH LANE VERO BCH FL 32966 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME KIMES, RICHARD L JR. NAME 4870 13TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32966 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KIMES, LINDA J NAME STREET ADDRESS 4870 13TH LANE STREET ADDRESS CITY-ST-ZIP VERO_BCH_FL_32966 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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