# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 672238

1. Entity Name
UNI-PAK-INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1015 N CR 427<br>P.O. BOX 520269<br>LONGWOOD, FL 32752-0269 US | P.O. BOX 522168<br>LONGWOOD, FL 32752-2168 US |

01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2004501
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COUTANT, EDWARD A.
1033 TUSCANY PLACE
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000203542
01/29/05-80035-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | COUTANT, EDWARD A |
| STREET ADDRESS | 1033 TUSCANY PLACE |
| CITY-ST-ZIP | WINTER PARK, FL |
| TITLE | DT |
| NAME | COUTANT, JEFFREY A |
| STREET ADDRESS | 908 PARSON BRWON WAY |
| CITY-ST-ZIP | LONGWOOD, FL |
| TITLE | DS |
| NAME | COUTANT, STEPHEN J |
| STREET ADDRESS | 905 LAKEVIEW DR. |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** Edward A Coutant 1-27-05 407 830 9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #