2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F0000005619

1. Entity Name CBP TECHNOLOGIES, INC.



FILED Mar 31, 2003 8:00 am Secretary of State : 03-31-2003 90191 042 ***150.00

						GOO WE THE								
C/O USA INS 50 CALIFORN	ce of Business SURANCE SERV IA STREET, 24 SCO CA 94111	Mailing Address C/O USA INSURANCE SERVICES CORP. 50 CALIFORNIA STREET. 24TH FLOOR SAN FRANCISCO CA 94111												
2. Principal f	Place of Busine	3. Mailing Address						IN MONE CONS	OBIJA GOJA	DENIE BOEN	8018 81118 8111	II FIOTO POIP (DOF		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. F	El Number	22-332	5321			Applied For Not Applicab	le
Zip Country			Zip	Zip Coun			5. Ce			sired		\$8.75 A Fee Requi	dditional	
	6. Name	t Registered	egistered Agent			7. Name and Address of New Registered Agent								
CORROR	71011 0001	OF OOM DANK				Name							·	7
	ATION SERVI 'S STREET	CE COMPANY			Street Address (P.O. Box Number is Not Acceptable)									
	SSEE FL 323	01-2525							•					\dashv
						City					F	L Zip Co	ode	1
8. The above the obligate SIGNATURE	tions of registe	submits this statement if red agent.							in the Stat	e of Flori	ida. I an	n familiar witi	h, and accep	ı
<u>:</u>	Signature, typed o	printed tiarrie of registered ager	R and title it applica	ible. (NO):	E: Hegistered	Agent signature require	ed when rei	nstating)			DAIE		- *	_
"		FEE IS \$150.00						9 Flec	tion Campa	ian Fina	ncina	¢ E	۰.	ľ
ኒዎች	• •	3 Fee will be \$550.00	I						Fund Con	-	~		.00 May Be ed to Fees	
	K Payable to	Florida Department												
10.	15	OFFICERS AND	DIRECTORS		11.		ADI	DITIONS/C	HANGES T	O OFFIC	CERS AN	ID DIRECTO	RS IN 11	Ι,
TITLE	P MORANO, (SDECUDY		☐ Delete	TITLE							Change	Addition	n §
NAME STREET ADDRESS		2ND STREET			NAME									1
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STREET ADDRESS	50 CALIFOR	FLOOR		STREE	T ADDRESS									
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NAME	BOWLER, E				NAME									
		RNIA STREET, 24TH I DISCO CA 94111	FLOOR			T ADDRESS								
		1300 CA 94111			-	ST-ZIP								4
TITLE	CD	I, DOUGLAS J		☐ Delete	TITLE							☐ Change	Addition	ח
NAME STREET ADDRESS		NBURY BLVD.			NAME	T ADDRESS								
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indicated	on this report	information supplied wit or supplemental report i	s true and ac	curate and that n	nv signati	ure shall have the	same le	egal effect a	is if made i	ınder na	th: that I	am an office	er or director	7
of the cor changed.	poration or the or on an attact	eceiver or trustee emp	with all other	ecute this report. like empowered	as require	ed by Chapter 60	7, Florid	a Statutes;	and that m	y name a	appears	in Block 10 o	or Block 11 if	

DUIRED Emest J. Nowborn 1/24/03