FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # F96000006126 1. Entity Name 04-24-2002 90303 020 ***150 00 PIPER PLASTICS, INC. Principal Place of Business Mailing Address 7578 PRESIDENTS DRIVE 7578 PRESIDNETS DRIVE ORLANDO FL 32809 ORLANDO FL 32809 US US 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2457216 Orlando Or lando Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 328<u>09</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Antonio</u> emus LEMUS, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 112 MARICA DR ALTAMONTE SPRINGS FL 32714 d above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Antonic SIGNATURE a of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition CR2E034 (9/01 NAME PIPER, PAUL NAME 7482 Presidents Drive STREET ADDRESS 7578 PRESIDENTS DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME MCCORMACK, LYNN NAME STREET ADDRESS 7578 PRESIDENTS DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP TITLE ☐ Delete SD TITLE **X** Change Addition NAME PIPER, SHIRLEY NAME 7482 Presidents Drive STREET ADDRESS STREET ADDRESS 7578 PRESIDENTS DR CITY-ST-ZIP Orlando, FC 32,809 ORLANDO FL 32809 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P

13. I hereby certify that the information supplied with this filling 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 out; that I am an office or 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 empowered.

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR