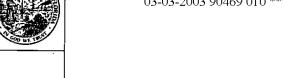
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

DOCUMENT #\_\_\_ **H69858** 

CONSUMABLE PLASMA PRODUCTS, INC.



## **FILED** Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90469 010 \*\*\*150.00



Principal Place of Business ROUTE 1. SOUTH ROAD BOX 180B CANAAN NH 03741		Mailing Address ROUTE 1. SOUTH ROAD BOX 180B CANAAN NH 03741				
2. Principal Place of Business		3. Mailing Address		1 1640   1011   1511   1010   1610   1610   1611	OLI ATORE ESSIT REBEL BIBIE BIBIE (1941)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAK	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 02-0402162	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 Register		
MCGRATI	H, BRENDA KAYE I AVE.		Name Street Add	dress (P.O. Box Number is Not Acceptable)		
	ACH FL 32962		<del></del>			
, <b>,</b> ¢	<b>~</b>	• ····• · • · · · · · · · · · · · · · ·	City		Zip Code	
8. The above	e named entity submits this statement fo tions of registered agent.	r the purpose of changing	its registered office or re	egistered agent, or both, in the State of Florida. I	ĪЩь I '	
Afte	Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department or	f State	IOTE: Registered Agent signature	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	OFFICERS AND	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	MCGRATH, BRENDA K. 320 10TH AVE. VERO BEACH FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TMEE NÄME Street Address City-St-Zip	V MCGRATH, DAVID M. 320 10TH AVE. VERO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE Name Street address City-st-zip	and a secondary of the	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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: BACKGENIKI MODELINGE OIBARTUD K. McGrath SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR