

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001611

FILED
Apr 25, 2003
Secretary of State

Entity Name: EVCO SEALING SYSTEMS, LLC

Current Principal Place of Business:

2165 SUNNYDALE BLVD
SUITE B
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2165 SUNNYDALE BLVD
SUITE B
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3702691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE. 28TH FLOOR
MIAMI, FL 33131

Name and Address of New Registered Agent:

HOOPES, JOHN R
2165 SUNNYDALE BLVD
SUITE B
CLEARWATER, FL 33765

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.

SIGNATURE: JOHN HOOPES

04/25/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EVCO, SA
Address: LES PETITES ROCHES
City-St-Zip: TREPT, CREMIEU, FR 38460

Title: MGR () Delete
Name: CAMACHO, ILSE
Address: LES PETITES ROCHES
City-St-Zip: TREPT, CREMIEU, FR 38460

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EVCO, SA
Address: LES PETITES ROCHES
City-St-Zip: TREPT, CREMIEU, FR 38460 FR

Title: MGR (X) Change () Addition
Name: CAMACHO, ILSE
Address: LES PETITES ROCHES
City-St-Zip: TREPT, CREMIEU, FR 38460 FR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ILSE CAMACHO

MGR

04/25/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date