5/15/01-90207-0

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90207 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82352

UA

1. Entity Name
WRAP PAK N SHIP OF SPRINGHILL INC.

Principal Place of Business	Mailing Address
8566 FOREST OAKS BLVD SPRING HILL FL 34608 US	8566 FOREST OAKS BLVD SPRING HILL FL 34608 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3019188 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILFONG, EDNA 13377 CORONADO DR SPRING HILL FL 34609	Name: Surendra Shah Street Address (P.O. Box Number is Not Acceptable): 1655 S. Ridgewood Pt. City: Inverness FL Zip Code: 34452

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.

SIGNATURE X [signature]

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

TITLE
PRESIDENT

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILFONG, RALPH O 13377 CORONADO DR SPRING HILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SURENDRA SHAH 1655 S. Ridgewood Pt. INVERNESS FL. 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILFONG, EDNA 13377 CORONADO DR SPRINGHILL FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #