## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am Secretary of State DOCUMENT # P0000050673 1. Entity Name 05-30-2001 90028 003 \*\*\*150.00 MARPAK CORPORATION Principal Place of Business Mailing Address 110 DUNBAR STREET STE C 110 DUNBAR STREET STE C OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. SZIKSZAY THOMAS-BOWEN, MARK D ESQ 110 DUNBAR STREET STE C OLDSMAR FL 34677 CITY OLDS MAR 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. HOMAS J. SZIKSZAY FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. EOWARD R. RUARK Delete TITLE TITLE SZIKSZAY, THOMAS J NAME NAME STREET ADDRESS 110 DUNBAR STREET STE C : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SZIKSZAY, MARGIE S NAME NAME STREET ADDRESS STREET ADDRESS 110 DUNBAR STREET STE C CITY-ST-71P CITY-ST-ZIP OLDSMAR FL 34677 Change Addition Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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 of 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.

SIGNING OFFICER OF DIRECTOR

FILED