## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 09, 2002 8:00 amg Secretary of State DOCUMENT # P00000083196 1. Entity Name 05-09-2002 90086 036 \*\*\*150.00 BULK MANUFACTURING OF FLORIDA, INC. Principal Place of Business Mailing Address 3106 CENTRAL DRIVE 3106 CENTRAL DRIVE PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3665344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAWRZYNIAKOWSKI, THOMAS.D\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 3106 CENTRAL DRIVE PLANT CITY FL 33567 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Delete TITLE ☐ Change ☐ Addition WAWRZYNIAKOWSKI, THOMAS D NAME NAME 3106 CENTRAL DRIVE STREET ADDRESS CR2E034 STREET ADDRESS PLANT CITY FL 33567 CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Warczytowa, Michael J NAME STREET ADDRESS 3106 CENTRAL DRIVE STREET ADDRESS CITY-ST-7IP PLANT CITY FL 33567 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 hall 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 offer like phowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP