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FILED
Apr 09, 2002 8:00 am
Secretary of State
03-13-2002 90033 020 ****61.25
04-09-2002 91159 040 ****88.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068994

1. Entity Name
Business Products International, Inc.

DO NOT WRITE IN THIS SPACE

B0061911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3646 66 US Hwy 19N	364666 US Hwy 19N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, Florida	City & State: Palm Harbor, Fl
Zip: 34684 Country: U.S.	Zip: 34684 Country: U.S.

4. FEI Number 43-1951095 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President, Secretary, Treasurer	TITLE	
NAME	John W. Barbee	NAME	
STREET ADDRESS	364666 US Hwy 19N	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, Fl 34684	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Christopher B. Miller	NAME	
STREET ADDRESS	364666 US Hwy 19N	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, Fl 34684	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-21-2002 727-784-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #