

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90095 043 \*\*\*150.00

**DOCUMENT #** P01000088409

1. Entity Name

*Cold Steel Films, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4524 Commander Dr.*

Suite, Apt. #, etc.

*Suite 1621*

City & State

*Orlando, FL*

Zip

*32822*

Country

*USA*

3. Mailing Address

*4524 Commander Dr.*

Suite, Apt. #, etc.

*Suite 1621*

City & State

*Orlando, FL*

Zip

*32822*

Country

*USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3743642*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Sharon Butler*

Street Address (P.O. Box Number is Not Acceptable)

*4524 Commander Dr. Suite 1621*

City *Orlando*

FL

Zip Code

*32822*

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

*Sharon Butler*

Signature, typed or printed name of registered agent and see if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/6/02*

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Robert Parkey / President 4401 Morris Way Apt. F Orlando, FL 32808</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Sharon Butler / Vice President 4524 Commander Dr. Suite 1621 Orlando, FL 32822</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Kerri McClellan-Watson / Secretary 1240 E. Cleveland Ave. Apopka, FL 32703</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Michael Shvartzman / Treasurer 9009 Balmoral Meadows Square Orlando, FL 32786</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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:

*Sharon Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/02*

Date

*(407) 380-0919*

*(407) 222-6197*

Daytime Phone #