FILED
Jul 09, 2003 8:00 am
Secretary of State
05-01-2003 90818 020 ***150.00

5/1/2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000034681

55050661

1. Entity Name
LPN'S PACK & SHIP INC

Principal Place of Business	Mailing Address
2578 ENTERPRISE RD ORANGE CITY, FL 32763	3120 CANBY DRIVE DELTONA, FL 32738

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 [redacted] ☐ 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
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH, FL 33139	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Larry P. Nelson 4/28/03
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when changing) (Date)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, LARRY 3120 CANBY DRIVE DELTONA, FL 32738	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry P. Nelson 7/6/03 386 774-6546
(SIGNATURE AND TITLE OR NAME OF AUTHORIZED OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Attachment [redacted]
DOL# P02000034681
550506061

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New
Address _____
_____
_____
City _____
State _____ Zip _____

Telephone Number ( ) _____

Form 8109-C (Rev. 12-2000)

TEAR OFF HERE

Do not write beyond this line

Employer Identification Number (EIN) OMB No. 1545-0257

01-0656820 211212 3 3

17
LPNS PACK & SHIP INC
3120 CANBY RD
DELTONA FL 32738-1464

INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999

Send FTD Address Change and correspondence to the IRS address above.