2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Principal Place of Business

ORLANDO FL 32828

Zip

SIGNATURE

P02000130544

1. Entity Name

NELPAK SECURITY, INC.

824 STARLIGHT COVE RD APT 209

Mailing Address -

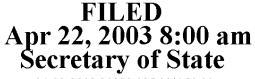
ORLANDO FL 32828

824 STARLIGHT COVE RD APT 209

FL

2. Principal Place of Business 3. Mailing Address P.O. Box 780178 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Orlando City & State

Zip



04-22-2003 90073 025 ***150.00



DATE

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32878-0178

ACDONALD, JOHN 124 STARLIGHT COVE RD APT 209 ORLANDO FL 32828	Street Address (P.O. Box Number	Street Address (P.O. Box Number is Not Acceptable)				
	City	FL	Zip Code			
he above named entity submits this statement for the purpose of	f changing its registered office or registered agent, or bot	th, in the State of Florida. I am far	miliar with, and accept			

Country USA

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCDONALD, JOHN STREET ADDRESS STREET ADDRESS 824 STARLIGHT COVE RD APT 209 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Addition ☐ Delete ☐ Change TITLE TITLE Ŝ NAME NAME MEIER, CHERYL STREET ADDRESS STREET ADDRESS 824 STARLIGHT COVE RD APT 209 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITLE Delete_ TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachmer with an address, with all other like empowered. lo3

SIGNATURE:

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