2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P93000015515 **DOCUMENT #** 05-02-2003 90191 022 ***150.00 1. Entity Name CUSTOM & PACKAGED SOLUTIONS, INC. Principal Place of Business Mailing Address 5675 S.W. MAPP ROAD 5675 S.W. MAPP ROAD PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0394220 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 SPAHN, CARL P JR Street Address (P.O. Box Number is Not Acceptable) 5675 S.W. MAPP ROAD PALM CITY FL 34990 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Delete ■ Addition NAME SPAHN, CARL P JR NAME STREET ADDRESS 5675 S.W. MAPP ROAD STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Addition TITLE. Delete TITLE F-1-Change NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

☐ Addition

FILED