2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90154 006 ***150.00

04APR24 AV

DOCUMENT # P93000050653

1. Entity Name
SOURCE OF SUPPLY PACKAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
12165 METRO PARKWAY UNA #24-B FT MYERS FL 33912 US	13660 CHINA BERRY WAY FT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	9811 CAPSTAN CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FT MYERS FL
Zip / Country	Zip: 33919 / Country

4. FEI Number 65-0431572 ☐ 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
DEROSSO, BART J 13660 CHINA BERR WAY FT MYERS FL 33908	Name: DE ROSSO, BART J Street Address (P.O. Box Number is Not Acceptable): 9811 CAPSTAN CT City: FT MYERS **FL** Zip Code: 33919

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSSO, BART J 13660 CHINA BERRY WAY FT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ROSSO, BART J 9811 CAPSTAN CT FT MYERS FL 33919 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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

SIGNATURE: Bart J. DeRosso / BART J. DE ROSSO 4/18/02 941-768-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #