## 2002 UNIFORM BUSINESS REPORT (UBR)

200:	2 UNI	Form	Busi	ness repo	·· RT	(UBI	R)	4/			28	3, 2		8	:00		
DOCUMENT # P9600001980  1. Entity Name WRAP-TECH, INC.									Secretary of State 04-02-2002 90073 044 ***150.00								
WHAP-IE	ECH, INC.					1											
Principal Place of Business 8200 YARDLEY AVE N ST PETERSBURG FL 33710 US				Mailing Address 8200 YARDLEY AVE N ST PETERSBURG FL 33710 US				30095									
2. Principal Place of Business 4491 62 AVENUE Suite, Apt. #, etc. # 130				3. Mailing Address 4491 62 AVENUE Suite, Apt. *, etc. # 130			UE	DO NOT WRITE IN THIS SPACE									
City & Stat	LLAS	PARK	FL	City & State	. ₽A	RK F	٠_	4. F	El Numbe	59-33	7160		F	_	plied For t Applicable	7	
Zip	- 5974	Country	A	33781-5974	Coun			<b>5.</b> C	ertificate o	of Status De	sired		\$8.75 Fee Re				
	6. Name	and Address	of Current R	igistered Agent				7. N	ame and	Address of	New Re	gistered	Agent			]	
	مت متحدد		3			Name		-		<u> </u>	انچ درج <del>نان در</del>			٠.			
8200 YAR	on, brian i Roley ave i Rsburg fl	N			:	Street A	ddress (P	P.O. Bo	ox Numbe	is Not Acc	eptable)					-	
						City						FI	L Zip	Code		1	
SIGNATURE	Signature, typed	or printed name of re	egistered agent and	<u>r' </u>	E: Registered	d Agent signati	ure required w			, in the Sta	te oi rior	DATE			<del></del> -	-	
Tax filing	-	ble to satisfy it and elects to d	o so.	FILE NOW! After May 1, 20 Make Check Payab	02 Fee	will be \$5	50.00		Trus	tion Campa t Fund Con	tribution.	_	□ Ā	.dded	) May Be to Fees		
11.		OFFI	CERS AND D	RECTORS	12.			AOE	DITIONS/C	HANGES 1	O OFFIC	ERS AN	D DIREC	TORS	IN 11	]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSO 8200 YARI ST PETER	DLEY AVE N		☐ Delete	ll l		449	ii Fli		AVEN I		# 18 1	質 cha 3 O 3376	nge	Addition	E034 (9/01	
TITLE NAME STREET ADDRESS				☐ Delete	11	ET ADDRESS				T ( A N		<u> </u>	☐ Chai	nge	☐ Addition	CR2E	
CITY-ST-ZIP TITLE NAME	-			☐ Delete	TITLE	: .		42					Char	nge	Addition		
STREET ADDRESS  CITY-ST-ZIP					III .	ET ADDRESS " St-Zip											
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	li .	1							☐ Char	nge	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delote	ži –								☐ Char	nge	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	III .	T ADORESS ST-ZIP							☐ Chan	ge	Addition		
13. I hereby of indicated of the corp changed,	certify that the on this report poration or th- or on an atta-	information su or supplement e receiver or tro chment with an	pplied with the tal report is trustee empower address, with	s filing does not qualify for se and accurate and that mered to execute this report a all other like empowered.	the exem ny signatu as require	nption state ure shall ha ed by Char	ed in Sective the sar	ion 11 me leç Florida	9.07(3)(i), gal effect a Statutes;	Florida Sta is if made u and that m	tutes. I fu inder oat y name a						
SIGNAT	URE: _	BRITI	PYYPEDK PRIN	ANDERSON	CUL P DIRECT	<i>nout</i> Resi	DEN	<b>V</b> 7		Date		72	7-34 Paytime Phon	<u>'5-</u>	4639		